

Foundry United Methodist Church

2009-2010 Children's Sunday School

Registration Form

Name(s) of Child(ren)	Date of Birth	Grade '09-'10 Year
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____

Which worship service does your family usually attend? _____ 9:30am _____ 11:00am

Please list special needs or concerns (including any food, medication, insect sting allergies or physical or emotional conditions/limitations that might affect your child's participation in Sunday School):

Parent/Guardian Information

Name(s) _____

Address _____

Home phone _____ Work phone/s _____

Cell phone(s) _____

Preferred E-mail Address _____

Are you or your child new to Foundry? _____ Yes _____ No

Is your child a reader? _____ Yes _____ No

Would your child be willing to serve as a scripture reader on Sundays? _____ Yes _____ No

Would you like to be involved in helping plan Children and Families Ministry activities, or volunteering as an occasional substitute teacher in the children's area?

_____ Yes _____ No If yes, which age/grade level? _____

Thanks for taking time to answer these questions and joining our exciting ministry