

Mill Run Sunday School 2011-12 Registration for Age 3 - Grade 12

Please complete this form for all children who will attend Sunday School, even if your children or teens were registered last year. Register up to four students from your household on this form, then drop it in the Youth Box or Welcome Center, both located in the lobby.

Date _____

Mom's Info

First, Last Name _____
(_____) - _____ ext. _____
Phone: This is Home or Cell (circle one)

Dad's Info

First, Last Name _____
(_____) - _____ ext. _____
Phone: This is Home or Cell (circle one)

Child lives with both parents Mom Dad

Address _____

City, ST, Zip _____

Parent E-mail (This is for internal UALC use only to provide you with information about Sunday School and UALC children's activities.) _____

Alternate Address (if applicable) _____

Are you willing to volunteer in Sunday School this year? Yes No (Parents, teens and grandparents are always needed! See opportunities on back.)



Questions? Need more information? Contact Joy Peterson at jpeterson@ualc.org, 451-3736, ext. 7617.

Student 1 Info

First, Last Name _____

Birthdate (Month, Date, Year) _____ Graduation Year _____

Sex M F _____
Age _____ Grade _____
(Must be 3 as of 8/1/11 and potty-trained.)

Session choice 9:30 10:45
Middle and High School meet at 9:30 only.

Food allergies? Yes No List on back.
Special needs? Yes No Explain on back.

For Office Use Class/Room _____ Session _____

Student 3 Info

First, Last Name _____

Birthdate (Month, Date, Year) _____ Graduation Year _____

Sex M F _____
Age _____ Grade _____
(Must be 3 as of 8/1/11 and potty-trained.)

Session choice 9:30 10:45
Middle and High School meet at 9:30 only.

Food allergies? Yes No List on back.
Special needs? Yes No Explain on back.

For Office Use Class/Room _____ Session _____

Student 2 Info

First, Last Name _____

Birthdate (Month, Date, Year) _____ Graduation Year _____

Sex M F _____
Age _____ Grade _____
(Must be 3 as of 8/1/11 and potty-trained.)

Session choice 9:30 10:45
Middle and High School meet at 9:30 only.

Food allergies? Yes No List on back.
Special needs? Yes No Explain on back.

For Office Use Class/Room _____ Session _____

Student 4 Info

First, Last Name _____

Birthdate (Month, Date, Year) _____ Graduation Year _____

Sex M F _____
Age _____ Grade _____
(Must be 3 as of 8/1/11 and potty-trained.)

Session choice 9:30 10:45
Middle and High School meet at 9:30 only.

Food allergies? Yes No List on back.
Special needs? Yes No Explain on back.

For Office Use Class/Room _____ Session _____

For Office Use F1 _____ Date _____ Initials _____

Emergency Medical Authorization Terms

I understand that my child will receive medical care in the event of an emergency and UALC staff will contact me. I understand that my child may appear in photographs or videos used for promotional purposes including, but not limited to UALC brochures, the UALC website (www.ualc.org) and Welcome Vision.

Parent/Guardian Signature

Date

Additional Info from Front

Volunteer Opportunities on Sunday Mornings

Teacher

Teach as part of a team (help us by finding your co-teacher!)
I want to teach my child's class Yes No

Substitute Teacher

Replace a classroom teacher on occasion (vacations, illness, etc.).

Teen Helper

Be in 8th to 12th grade, willing to be a good role model and like to spend time with kids.

Information/Registration Table

Serve three Sundays a quarter, helping with new student and visitor registration in the lobby. Serve from 9:15-9:45 or 10:30-11:00 am.

Prayer Team

Join with adults to pray for Sunday School by e-mail.

I will serve at 9:30 am 10:45 am

I prefer to work with Preschoolers Grade K-2 Grade 3-6

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