

ELEMENTARY CHILDREN Sunday School 2011 - 2012

Please enter GRADE '11-12: _____

NAME

Last

First

Middle

Name usually called

CHILD'S INFORMATION

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ BAPTIZED? YES _____ NO _____

BIRTHDATE _____ AGE— As of September 1, 2011 _____ SEX M _____ F _____

ALLERGIES _____

Are there any special needs, concerns, illnesses, health problems or situations that might affect this child's adjustment in Sunday School? _____

PARENTS' INFORMATION

NAMES (1) _____ (2) _____

RELATION TO CHILD (1) _____ (2) _____

OCCUPATIONS (1) _____ (2) _____

WORK PHONES (1) _____ (2) _____

E-MAIL ADDRESSES (1) _____ (2) _____

HOME ADDRESS (1 or 2) _____
(If different from child's) CITY _____ STATE _____ ZIP _____

McFARLIN MEMBER(1) YES ___ NO ___ (2) YES ___ NO ___

ADULT SUNDAY SCHOOL CLASS ATTENDING _____

MEDICAL & PHOTO RELEASE

IN CASE OF EMERGENCY IF PARENT CANNOT BE LOCATED

NAME _____ PHONE _____

PHYSICIAN _____ PHONE _____

I hereby release and agree to hold harmless McFarlin Memorial United Methodist Church and its staff from any and all liability associated with the **medical care and treatment** of my child by a qualified health care provider. I further authorize, in case of emergency, accident or medical crisis involving my child, McFarlin Memorial United Methodist Church and its staff to transport and authorize for the treatment of my child any and all care necessarily determined by an authorized/qualified health care provider in my absence while my child is under the custody, care and control of McFarlin Memorial United Methodist Church.

I also, give permission for **videotapes and/or photographs** of my child to be used by McFarlin Memorial United Methodist Church for the purpose of identification, education or promotion in both internal/external publications. This may include the McFarlin Church group on Facebook.

Signature of parent or legal guardian _____ Date _____

Please complete side two.




ELEMENTARY CHILDREN

Sunday School 2011 - 2012

Parents, Grandparents, & Friends:

Our children's ministry cannot thrive without you! We encourage you to help guide your child's Christian education at church. Please mark the area or areas where you would most like to serve:


Early Childhood
(birth through Kindergarten)



- Sunday School Teaching Team
- Substitute Teacher
(Teachers will contact you as needed.)
- Nursery Volunteer
- Door Greeter
- Event Planning
- Children's Leadership Team
- Office Assistance
- Care Team
- Holy Listener (Prayer Room)
- Wherever I'm needed
- I am currently unavailable to serve.

Please contact Kristy Varva at
kvarva@mcfarlinumc.org
for more information.

Elementary Children
(1st through 5th grade)



- Sunday School Teaching Team
- Sunday School Shepherd
- Substitute Teacher or Shepherd
(Teachers will contact you as needed.)
- Elements of Worship Escort
- Elements of Worship Shepherd
- Event Planning
- Children's Leadership Team
- Office Assistance
- Care Team
- Holy Listener (Prayer Room)
- Wherever I'm needed
- I am currently unavailable to serve.

Please contact Beth Carter at
bcarter@mcfarlinumc.org
for more information.

Name _____

Best way to contact you:

E-mail _____ Phone _____