

# YOUNGER CHILDREN

## Sunday School 2011 - 2012

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 page on Facebook.

Signature of parent or legal guardian \_\_\_\_\_ Date \_\_\_\_\_






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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 \_\_\_\_\_