



ST. MATTHEW'S UNITED METHODIST CHURCH

Church School Registration 2017-2018

Nursery – High School



Family Name: _____

Parents' Names: _____

Address: _____ Phone# _____

Email address: _____

Emergency Contact #: _____

Child's Name: _____

Child's Name: _____

Grade: _____ Age: _____

Grade: _____ Age: _____

Allergies/Medical Info: _____

Allergies/Medical Info: _____

Child's Name: _____

Child's Name: _____

Grade: _____ Age: _____

Grade: _____ Age: _____

Allergies/Medical Info: _____

Allergies/Medical Info: _____

I give SMUMC permission to post pictures of my child taken at Church events on bulletin boards within the Church facility. (please initial yes or no) _____ Yes _____ No

I give SMUMC permission to post pictures of my child taken at Church events on the Church Webpage. (please initial yes or no) _____ Yes _____ No

I give SMUMC permission to send pictures to the newspaper for the purpose of publicity. I understand that if names are used, my child's first name will appear. (please initial yes or no) _____ Yes _____ No

Would you join a teaching team and teach 1x a month or as needed? _____ Yes _____ No

Are you able to serve as a substitute _____ Yes _____ No

Age group preferred: _____ 3-5 _____ 6-10 _____ 11-13 _____ 14-18

What skills could you share as part(s) of a lesson? _____

Parent/Guardian: _____