

Wesley United Methodist Church
 Sunday School 2010-2011
 Registration Form



Please complete information for each child in Sunday School (please print)

First/Last Name	M/F	Birthdate	Grade	Allergies/Special Needs

Mother's Name		Father's Name		Guardian's Name	
Mother's Email Address		Father's Email Address		Guardian's Email Address	
Address			City		Zip
Home Phone			Cell Phone:		
()			Mother: ()		
			Father: ()		



Please send me "Growing God's Garden"-
 monthly Children/Youth Ministry newsletter by:

- Email: _____ (address if different than above)
 US postal mail

**I would like to help with the following Children's Ministry activities and programs!
 (check all that apply)**

- | | |
|--|--|
| <input type="checkbox"/> Sunday School Teacher | <input type="checkbox"/> Sunday School Assistant |
| <input type="checkbox"/> Sunday School Missions | <input type="checkbox"/> Christmas Program |
| <input type="checkbox"/> Sunday School Halloween Party | <input type="checkbox"/> Easter Program |
| <input type="checkbox"/> Family Programs | <input type="checkbox"/> Kids Camp (Vacation Bible School) |
| <input type="checkbox"/> Nursery (9:00 am - 11:00 am) circle one | <input type="checkbox"/> Sunday School Bulletin Board |
| <input type="checkbox"/> Music Ministry | <input type="checkbox"/> Other _____ |