

FIRST UNITED METHODIST CHURCH  
SUNDAY SCHOOL CLASS REGISTRATION

DATE \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

GRADE IN SCHOOL \_\_\_\_\_

PARENT'S  
NAME/S \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

PHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_

SPECIAL CONCERNS (ALLERGIES I.E.)

\_\_\_\_\_

\_\_\_\_\_

**First United Methodist Church**

**WALKING FIELD TRIP PERMISSION FORM**

I give my permission for my child, \_\_\_\_\_, to accompany his/her class, FUMC staff members, and parent volunteers on field trips planned and authorized by FUMC. These field trips include neighborhood walks (i.e. around church grounds, to the public library, to park, etc),

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**First United Methodist Church**

**PHOTO PERMISSION FORM**

I give my permission to allow FUMC to use photos which contain my child, \_\_\_\_\_, for display in the classroom, hall, church publications (including website and newsletters), and/or other community publications.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_