



MUMC

**Mamaroneck United
Methodist Church**

Loving God and Neighbor...

SUNDAY SCHOOL/YOUTH REGISTRATION

Please return to: MUMC 546 East Boston Post Road, Mamaroneck, New York 10543
Attn: Sunday School Program

Important note: Parents are asked to assist teachers with the Christian Formation of their children. Depending on total participation, each family should expect to help 10-12 times during the nine months of Christian Formation classes. Details below...Thanks!

I. Family Information:

Parent Name:	Home Phone:
Parent Name:	*Cell Phone:
Address:	*Email: (we'll send a lot of relevant info via email!)

II. Student Information (if you have more than four children, please continue on the back of this form):

Child's Name:	Grade in September:
Date of Birth:	Gender: Male (circle one) Female
	Age, as of September 1:

Child's Name:	Grade in September:
Date of Birth:	Gender: Male (circle one) Female
	Age, as of September 1:

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III. What do you hope your child/children will gain from Sunday School or Youth Group?

IV. Is there anything we should know about to help us to ensure the best possible educational experience for your child/children? This information will be kept confidential. (Please include any learning disabilities, physical limitations, allergies, or relevant custody arrangements.)

V. Person who will drop off and pick up the student(s): _____
a. Where will this person be located during the Education Hour? _____

VI. If not already, would you like information about joining Mamaroneck United Methodist Church?
____ Yes ____ No Best time to call? _____

VII. **Parents are needed to work with Christian Formation teachers during the year to assist in their children's classes. Prayerfully consider how God has gifted you to serve, and let us know the Sundays you CANNOT serve. Each family should expect to spend 10-12 Sundays per year assisting.**

During the 2015-2016 school year, the Sundays I/we **CANNOT** assist are:

Occasionally we photograph our children and use the photos, without identifying children by name, in MUMC publications, on bulletin boards, or on our website. Please indicate below:

____ Yes. You may use photographs of my child/children ____ No. Please do not use photographs of my child/children.

Parent/Guardian Signature

Date