

Student Information 2016-2017

Child's Name: _____

Birthdate: _____ Grade: _____

Parents/Guardians: _____

Home Address: _____

Home Phone: _____

Email Address: _____

Other church school family members

Name: _____ Relationship: _____ Age: _____

Name: _____ Relationship: _____ Age: _____

Name: _____ Relationship: _____ Age: _____

In case of emergency, contact

Name: _____ Phone: _____

Allergies or other medical conditions leaders/shepherds should know about your child:

I am happy to help out with (please check)

Workshop Leader substitute: storytelling/music _____ Computers _____ Cooking _____
Science _____ Art _____ Games _____

_____ Pre-K substitute

_____ 7th & 8th grade substitute

_____ shepherd

_____ nursery/toddler room

***I give permission for AMUMC to publish pictures of my child participating in church activities in the newsletter _____

Printed announcements _____

Church website _____

(parent/guardian signature)