

BRFUMC Sunday School Registration 2021-2022

Child's Name: _____ M _____ F _____

Child's Birthday: _____ Grade in school: _____ Age: _____

Parent(s) Name(s): _____

Address: _____ City/Zip: _____

Phone: _____ Email: _____

Allergies/Medical

Conditions: _____

Any other information you would like us to know about your child: _____

Parent Volunteer Opportunities:

(Please check all that that you are willing to help with)

- ☐ Classroom Assistant
- ☐ Substitute Teacher
- ☐ Special Event Assistant
- ☐ Provide Refreshments
- ☐ Photographer
- ☐ Serve on the Children's Ministries Committee
- ☐ Other:

I agree to allow my child(ren)'s image to be used by Black River Falls United Methodist Church to promote the Sunday School Program and other church activities. These may include posters, church newsletter, informational brochures, newspaper articles, flyers, BRFUMC webpage, and the Sunday School's Facebook page. Children will not be identified by name, unless specific request is made and authorized by the parent or guardian.

Signature of parent or guardian: _____

Date: _____