



ASBURY UNITED METHODIST CHURCH
6822 GRAND AVENUE DULUTH MN 55807
REGISTRATION FOR SUNDAY SCHOOL
2018 - 2019

CHILD'S NAME: _____ AGE: _____

GRADE: _____ BIRTH DATE (MM/DD/YYYY) _____

WOULD HE/SHE BE INTERESTED IN LIGHTING CANDLES ON SUNDAY MORNINGS?
(Third grade or older for safety reasons.) YES _____ NO _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PARENT/GUARDIAN: _____

HOME PHONE: _____ CELL PHONE: _____

WORK PHONE: _____

EMAIL: _____

I give Asbury Christian Education leaders permission to take my child's photo. By giving my permission, I understand this also allows the leaders to share these pictures with church members and promotions for events/activities. YES _____ NO _____

In case of emergency, and we are unable to reach the parent(s), please provide name/phone number of emergency contact:

Emergency Contact Name and Phone:

Siblings Names: _____

Any special needs: such as long term medications, physical limitations, food allergies, other allergies. . .things that may affect the classroom or other students?
