

MOUNT TAMALPAIS UNITED METHODIST CHURCH

Nursery and Sunday School Registration 2017-2018

Please complete one form per child.

Name (First and Last): _____ Nickname: _____

Age: _____ Grade Entering: _____ Date of Birth: _____

Are you and your child members of Mt. Tam United Methodist Church? _____

If not, are you interested in membership? _____

Would you like to receive a monthly e-newsletter with updates on Sunday School & church events? Y N

Does your child have any allergies or issues we should be aware of?

Parent's Name (1): _____

Phone Number: _____ Email: _____

Mailing Address: _____

Parent's Name (2): _____

Phone Number: _____ Email: _____

Mailing Address: _____

***If there are other adults who drop off or pick up your children from Sunday School, please list their name, phone number and email addresses on the back of this form.**

Emergency Contact Person (other than parents): _____

Phone Number: _____

Comments (If any): _____

Our family will take part in Mt. Tam Church's Sunday School Program. We pledge regular attendance to make the most of this opportunity.

Parent's (or other Adult's) Signature and Date: _____

Photo Release Please check all that apply:

- I give my permission for group photos including my child to be used on the church's website, on bulletins or monthly newsletters and any other medium used to promote church activities (flyers, etc)
- I give my permission for individual photos of my child to be used on the church's website, on bulletins or monthly newsletters and any other medium used to promote church activities (flyers, etc)
- I do NOT give my permission for photos of my child to be used in any manner.
- I give my permission to use photos if you check with me first.

*If you have any questions about this form or about Sunday School, please contact Tricia Wiig at pacwheeler@yahoo.com or 415-412-1134.