



First United Methodist Church
of DeKalb

Nursery/Sunday School Enrollment Form
2007-2008

PLEASE RETURN TO CHURCH OFFICE OR MAIL

CHILD'S NAME: <i>(First, Middle, Last)</i>		BIRTH DATE: <i>(Mo., Day, Yr.)</i>		SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female	
PREFERRED NAME:		AGE OR GRADE AS OF SEPTEMBER 1, 2007:		SCHOOL ATTENDING AS OF SEPTEMBER 1, 2007:	
STREET ADDRESS:			CITY:	STATE:	ZIP CODE:
FAMILY E-MAIL ADDRESS: <i>FUMC will neither sell nor share you address, and will be used for communication purposes only.</i>				HOME PHONE NUMBER:	
MOTHER'S NAME:		ADDRESS: <i>(If Different Than Child's)</i>		MOBILE/CELL PHONE NUMBER:	
FATHER'S NAME:		ADDRESS: <i>(If Different Than Child's)</i>		MOBILE/CELL PHONE NUMBER:	
DESCRIBE ALLERGIES, LIMITATIONS OR SPECIAL NEEDS, WHICH WE SHOULD BE AWARE OF:					
WHICH HOUR/HOURS WILL YOUR CHILD BE ATTENDING? <i>(Check All That Apply)</i> <input type="checkbox"/> 9:15 <input type="checkbox"/> 11:15 <input type="checkbox"/> Other: (Description) _____					
WHERE WILL YOU BE LOCATED DURING THE ABOVE HOUR(S)?					
RACE/ETHNICITY (OPTIONAL): <i>(Check All That Apply)</i> <input type="checkbox"/> American/Alaskan Native <input type="checkbox"/> Hawaiian/ Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic Ethnicity					
BAPTISM DATE:		BAPTISM CHURCH:		BAPTISED BY:	
CONSENT TO PHOTOGRAPH AND MEDIA RELEASE: <i>I understand that my child's photograph or video may be taken during the course of class instruction, during a special event at FUMC or at a function sanctioned by FUMC. I hereby grant permission to FUMC to use my child's photograph or likeness in any publicity or promotional publications, and to allow the news media to film and/or photograph programs and activities for broadcast purposes.</i>					
<input type="checkbox"/> I DO <input type="checkbox"/> I DO NOT Parent/Guardian Signature: _____ Date: _____					