

Aldersgate United Methodist Church

Sunday School Registration Form for 2016-2017

Please complete this form by 8/29/2016 so we can update our records.

This form can be:

- mailed back to the church office 568 Ryders Lane, East Brunswick, NJ 08816
- dropped in the offering plate any Sunday you are worshiping with us

Name of Parent(s): _____

Address: _____ City _____ Zip _____

Phone: (home) _____ Are you a member of Aldersgate? YES NO
NOT SURE

E-mail address: (we communicate via e-mail when possible) _____

If you have any additional contact information for other family members, please share with us:

Name of Parent, Grandparent, Guardian, etc: _____

Address: _____ City _____ Zip _____

Phone: (home) _____ Are you a member of Aldersgate ? YES NO
NOT SURE

E-mail address: (we communicate via e-mail when possible) _____

Child's Name

Grade (2016-2017)

Birth Date

<u>Child's Name</u>	<u>Grade (2016-2017)</u>	<u>Birth Date</u>

It is our goal to make Aldersgate United Methodist Church a wonderful experience for your child:

If your child has **allergies** or health concerns that our volunteer Sunday School staff should know about, please check here _____ and please list:

Are you interested in Teaching or Substituting? _____

(We do provide training for our Volunteer Staff)

If your child has any special needs that our volunteer Sunday School staff should know about so we can be better prepared with appropriate materials and extra help, please check here _____ and a member of our Christian Education Team will contact you.