

**Sunday School Registration Form 2017-18**  
**Oak Hill United Methodist Church**

Child's Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ School Grade: \_\_\_\_\_

Male or Female *(please circle one)*

Parent's/Guardian's name(s):

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Zip code: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

Family e-mail address:

\_\_\_\_\_

Siblings attending Sunday School?

Names/Ages: \_\_\_\_\_

\_\_\_\_\_

Emergency contact during Sunday School hour (name/phone number):

\_\_\_\_\_

Other \_\_\_\_\_

Allergies:

\_\_\_\_\_

Other information we may need to

know: \_\_\_\_\_

\_\_\_\_\_

*Please use the back of form if additional space is needed.*