

Londonderry United Methodist Church
2018/19 Sunday School Registration

Parent/Guardian _____
Last Name First Name

Home/Mail Address**

Street Town Zip

**please note if mailing and home addresses are different

Email Address(es)

Telephone Number(s) _____
Home Cell

Child Enrollment Information

**Please complete for each child enrolled in program

First Name	Last Name	Age	Grade	Birth Date

Special needs/allergies/medical info/other: _____

_____ I'd like to pick up my child from class each week

_____ I'd like my child to be dismissed without me at pick up

Sunday school runs from 10:00-10:45

Please Return this Form to the Church Office before September 9th.