

**Island Heights United Methodist Church
2010
Sunday School Registration Form**



PARENT'S INFORMATION

Father's Name _____
 Mother's Name _____
 Address _____
 City _____ Zip _____ Home Phone _____
 Dad Cell _____ Mom Cell _____
 Email _____

Name _____ M / F
 Birth Date ____ / ____ / ____ Age _____ Grade _____
 Allergies/ Special Needs _____

Is one-on-one assistance needed? Yes No

Name _____ M / F
 Birth Date ____ / ____ / ____ Age _____ Grade _____
 Allergies/ Special Needs _____

Is one-on-one assistance needed? Yes No

Name _____ M / F
 Birth Date ____ / ____ / ____ Age _____ Grade _____
 Allergies/ Special Needs _____

Is one-on-one assistance needed? Yes No

Photography Waiver: I understand IHUMC from time to time produces promotional material about its programs. I understand that my child/ren may be included in video tape or photographs taken at the church. I hereby grant to IHUMC the right to photograph and/or video tape my child/ren and further utilize participant's face likeness, and appearance as part of the program and in advertising and promoting the program, without reservation or limitation. In granting this license, I understand that IHUMC is under no obligation to exercise any of its rights, licenses and privileges herein granted by participant(s).

Signed _____ Date _____

You may fill out and give to an usher this morning or bring next Sunday to your child's Sunday school Teacher.

