

ATHENS FIRST UNITED METHODIST CHURCH
SUNDAY SCHOOL REGISTRATION FORM
Please Print Clearly

For Shepherds to fill out:	
<input type="checkbox"/> Guest	<input type="checkbox"/> Joining the Class
Date: _____	

Child's Name _____ Goes By _____

Birthdate _____ Boy or Girl _____ Grade^(elementary)/Age Group^(preschool) _____

School _____

Primary E-mail _____

Home Phone _____ Special Interests _____

Father's Name _____

Work phone _____

Cell _____

Mother's Name _____

Work Phone _____

Cell _____

Home Address _____

Parent's location during Sunday School Hour: **Sunday School** **Sanctuary** **Hancock Hall**

If in Sunday School, what class? _____

Name(s) and birthdate(s) of sibling(s) _____

List any medical problems _____

Food/other allergies: No Yes (please specify): _____

Anything else we should be aware of? (medications, etc.) _____