



# Sunday School Registration Infant—5th Grade

Please complete one form per family each year! If any information changes during the year, please contact Laura Scott at [laura@faithunited.org](mailto:laura@faithunited.org)

Parent name(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Member of Faith?  Yes  No

Child #1 Name: \_\_\_\_\_  M  F Birth Date: \_\_\_\_\_

Current Grade: \_\_\_\_\_ Current School: \_\_\_\_\_

Please list any allergies, special instructions, medical concerns or additional information below:

\_\_\_\_\_  
\_\_\_\_\_

Child #2 Name: \_\_\_\_\_  M  F Birth Date: \_\_\_\_\_

Current Grade: \_\_\_\_\_ Current School: \_\_\_\_\_

Please list any allergies, special instructions, medical concerns or additional information below:

\_\_\_\_\_  
\_\_\_\_\_

Child #3 Name: \_\_\_\_\_  M  F Birth Date: \_\_\_\_\_

Current Grade: \_\_\_\_\_ Current School: \_\_\_\_\_

Please list any allergies, special instructions, medical concerns or additional information below:

\_\_\_\_\_  
\_\_\_\_\_

Child #4 Name: \_\_\_\_\_  M  F Birth Date: \_\_\_\_\_

Current Grade: \_\_\_\_\_ Current School: \_\_\_\_\_

Please list any allergies, special instructions, medical concerns or additional information below:

\_\_\_\_\_  
\_\_\_\_\_

## WAIVER & RELEASE FOR CHILDREN'S MINISTRY AND SUNDAY SCHOOL

This medical history for each child listed is correct to the best of my knowledge and my child(ren) is/are current on all immunizations. In the event I cannot be reached in an emergency, I hereby give permission for the health care provider(s) selected by Faith United Methodist Church or its employees or agents to hospitalize and secure treatment, including, but not limited to injections, anesthesia or surgery for my child(ren). In addition, I give permission for Faith United Methodist Church employees or agents to take my child/children to the hospital in the event of medical emergency. My child(ren) have permission to take part in all event activities under supervision unless limitations are noted and I agree that I will not hold Faith United Methodist Church, its employees or agents, responsible for any accident or injury arising out of my child's/children's participation in Faith United Methodist Church Sunday School or other children's events sponsored by Faith United Methodist Church. I grant my permission to Faith United Methodist Church, its personnel and their agents to use photographs, motion pictures or recordings or any other record of this activity for any legitimate purpose.

Parent Signature:

Date:



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