

**Christian Education Registration
Sparta United Methodist Church
2009-2010**

Student	Age	DOB	Grade this Fall
1.			
2.			
3.			
4.			

Allergies or other special needs: _____

Parent/Guardian Names: _____

Address: _____

Home Phone No.: _____ Cellphone No.: _____

Emergency Contact: Name _____

Relationship: _____ Phone No.: _____

I, parent/guardian of the child(ren) named above, understand that s/he will be attending church school and related activities with my full knowledge and permission. S/he may participate in all scheduled activities, except as I may stipulate in writing to the leaders in charge. I give permission to the Sparta United Methodist Church to make non-commercial use of any photographs taken of my child(ren). Further, if in the judgment of the leaders in charge, it becomes necessary to obtain medical care for my child, they have my full permission to do so. In addition, I give my full permission to the medical attendant in charge, to hospitalize, secure anesthesia, order injections and/or surgery, should the need arise. I will assume full responsibility of such arrangements, including payment of expenses incurred thereby and shall indemnify and hold harmless the Sparta United Methodist Church, its employees, agents and/or volunteers for any and all liability with respect thereto.

Such medical expenses would be covered by:

_____ **Insurance:** Company name: _____

Policy No.: _____

_____ I will pay such medical expenses directly.

Sunday School begins at 9:15 a.m. and concludes at 10:15 a.m.

_____ I will pick my child(ren) up in the assigned classroom. If I am late, my child(ren) will be in the sanctuary with his/her teacher.

_____ My child(ren) has permission to leave the classroom alone.

Parent/Guardian Signature: _____ **Date:** _____

Sparta UMC website: www.spartaumc.org