

Sunday Morning Christian Education Registration 2024-2025 Poplar Grove United Methodist Church

Today's Date: _____

Last name: _____ First name: _____

Date of Birth: ___/___/___ Age: _____ Grade in school: _____

Mailing Address:	Siblings: (name and grade in school) _____ _____
Student email:	Home phone:
Parent email:	Student's cell phone:
Mother's Name:	Mother's cell phone:
Father's Name:	Father's cell phone:
Name of emergency contact person, phone # and relation to student: (If parents cannot be reached)	
Allergies (include food allergies) & other medical conditions to be aware of:	
I grant permission for images of my child to appear on the website or in printed church media or brochures. Children will not be identified by name. <div style="text-align: right;">Signed: _____</div>	

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