

**Westport Point United Methodist Church**

1912 Main Rd., P.O. Box 2

Westport Point, MA 02791

**Sunday School Registration – 2010-2011 school year**

**Child**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ e-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade as of September, 2010: \_\_\_\_\_

Is your child a reader? \_\_\_\_\_ Reading level \_\_\_\_\_

Please list allergies or restrictions of any kind, as well as medications required:

\_\_\_\_\_

**Parent/Guardian**

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ e-mail: \_\_\_\_\_

**Emergency Contact**

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Permission**

I give \_\_\_\_\_ permission to participate in all Sunday School activities,  
*(child's name)*  
including off-site adventure trips. I also permit my child to be photographed and allow the pictures to be shared with the church family (through the Sunday bulletin, the Weathervane or our website.)

Signature: \_\_\_\_\_  
*(parent/guardian)* *(date)*