



FAMILY REGISTRATION 2011-2012

STONEBRIDGE UNITED METHODIST CHURCH - CHILDREN'S MINISTRIES

Please complete this form to add your child(ren) to our Sunday school roster.

Date: _____ Service Time Attending (circle): 8:15 9:30 10:45

Father/Guardian: _____

Mother/Guardian: _____

Address (City/State/Zip): _____

Phone: (home) _____ (cell) _____

E-Mail: _____



Name of 1st Child: _____

Age: _____ Grade: _____ Sex: M or F

Birthdate (mm/dd/yy): _____

Special Notes: (Allergies/Instructions)



Name of 2nd Child: _____

Age: _____ Grade: _____ Sex: M or F

Birthdate (mm/dd/yy): _____

Special Notes: (Allergies/Instructions)



Name of 3rd Child: _____

Age: _____ Grade: _____ Sex: M or F

Birthdate (mm/dd/yy): _____

Special Notes: (Allergies/Instructions)



Name of 4th Child: _____

Age: _____ Grade: _____ Sex: M or F

Birthdate (mm/dd/yy): _____

Special Notes: (Allergies/Instructions)