

SUNDAY SCHOOL/REJOICE REGISTRATION FORM 2011-2012

AUMC

1104 A STREET AURORA NE 68818

I am registering for Rejoice _____

I am registering for Sunday School _____

Family Information:

Parent Name (Last, First): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Parent Daytime Phone: _____ Cell Phone: _____

Parent Email: _____

Emergency Contact Name / Relationship: _____

Emergency Contact Phone: _____

Church Affiliation: _____

Agreements (Please Initial):

_____ I authorize AUMC to obtain immediate care for my child if an emergency occurs.

Participant Information: *(Space on next page for additional children)*

Child's Name: _____

Gender: _____ Grade Entering: _____

Birthdate: _____

Other info: *(E.g., learning style, Allergies, Medical Concerns, etc.):*

Child's Name: _____

Gender: _____ Grade Entering: _____

Birthdate: _____

Other info: *(E.g., learning style, Allergies, Medical Concerns, etc.):*

Child's Name: _____

Gender: _____ Grade Entering: _____

Birthdate: _____

Other info: *(E.g., learning style, Allergies, Medical Concerns, etc.):*

Child's Name: _____

Gender: _____ Grade Entering: _____

Birthdate: _____

Other info: *(E.g., learning style, Allergies, Medical Concerns, etc.):*

