



ROCKVILLE UNITED METHODIST CHURCH

142 Grove Street

860-875-6562

Family Registration Form

Date: _____

Photos of the children are taken throughout the Sunday school year and posted on the church website. A **PHOTO RELEASE FORM** is enclosed to allow or disallow publication of your children's photos.

Child's Name: _____

Date of Birth: _____

Age: _____ Grade: _____

Medical Issues/allergies*: _____

Child's Name: _____

Date of Birth: _____

Age: _____ Grade: _____

Medical Issues/allergies*: _____

Child's Name: _____

Date of Birth: _____

Age: _____ Grade: _____

Medical Issues/allergies*: _____

Child's Name: _____

Date of Birth: _____

Age: _____ Grade: _____

Medical Issues/allergies*: _____

*Please describe any medical issues your child has which may interfere with his/her ability to participate in Sunday school activities. Please also describe proper steps for treatment, if applicable.



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Family Registration Form

rumcoffice@sbcglobal.net

Parents' Name(s): _____

Address: _____

Home Phone: _____

Cell phone(s): _____

Email: _____

Our Safe Church Policy states the children under 6 years old must be picked up from Sunday school class at the end of service by a parent or guardian. If there are family situations that we should be aware of, please contact the Director of Christian Education or the Pastor. Children will be kept in the classroom until they are picked up by a parent or guardian.

****NOTE**** Information regarding your child's enrollment in Sunday School is kept in strictest confidence in the superintendent's office, with the exception of any medical issues the Sunday School staff needs to know to keep your child safe.

Please return this form to RUMC church office, Sunday school teacher, or Director of Christian Education at 142 Grove Street, Rockville, CT 06066. Any questions, please contact us at 860-875-6562.

Email: rumcoffice@sbcglobal.net

PHOTO RELEASE FORM

I, _____ hereby grant permission to the Rockville United Methodist Church to publish: (please initial all that apply):

My photograph(s) _____ My child/children's photograph(s) _____

I DO NOT wish to have photographs taken of myself or my child/children. _____

I understand that the photos may be used on the Rockville United Methodist church website and social media to promote services of Rockville United Methodist Church as well as other information and resources.

By signing below, I acknowledge my understanding of the above and grant permission for use of photographs.

Sign: _____

Date: _____