ROCKVILLE UNITED METHODIST CHURCH
142 Grove Street
860-875-6562

ENROLLMENT FORM

(*one form per child, please*)

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**: _____

Date of birth: _____ **Age:** _____ **Grade:** _____

Parents' name(s): _____

Address: _____

Home Phone: _____

Cell(s): _____

Email: _____

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.

_____

_____

_____

Pediatrician: _____ Phone: _____

Anything you think we should know about your child?

_____

_____

_____

Our Safe Sanctuary policy states that children **9 and under** must be picked up from their Sunday school classroom at the end of service by a parent, guardian, or other adult designated in writing by the parent or guardian. Children will be kept in the classroom until they are picked up by a parent, guardian, or designee. (Note: siblings, unless old enough to drive and have written permission, are NOT permitted to pick up children from Sunday school.) Please indicate any adult you give permission to pick up your child, age 9 or under, from Sunday school:

Child's name: _____

Child's age: _____

The following adults have permission to pick up my child from his/her Sunday school classroom on Sundays at the end of service:

Name: _____ Cell phone: _____
Name: _____ Cell phone: _____
Name: _____ Cell phone: _____

Parent Signature: _____

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 at 142 Grove Street, Rockville. Any questions, please contact us at 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's photograph/s (child's name):_____

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

I understand that I have the right to request, in writing, removal of the photo/s from the website within 30 working days of receipt of the request by Rockville United Methodist Church. _____

I understand that the photo/s may be used on the Rockville United Methodist Church website and occasionally 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 photograph/s.

Sign: _____ Date: _____