

Little Prairie United Methodist Church

Sunday School Registration 2023-2024

Child 1 name _____
Date of birth _____ age _____ Last school year completed _____
Special Needs/Allergies/Medical
Information/Other _____
Friends of your child attending _____

Child 2 name _____
Date of birth _____ age _____ Last school year completed _____
Special Needs/Allergies/Medical
Information/Other _____
Friends of your child attending _____

Child 3 name _____
Date of birth _____ age _____ Last school year completed _____
Special Needs/Allergies/Medical
Information/Other _____
Friends of your child attending _____

Parent/Family/Guardian Name: _____
Address _____
Email address _____
Phone Numbers: Home _____ Cell _____ Work _____
Home church (if any) _____

Emergency Contact
Name _____ Phone _____

Name(s) of person(s) who may pick up this child from church _____

Photo Release: _____ Little Prairie Church has my permission to use my child's photograph publicly in church materials. I understand the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee, or other compensation shall become payable to me by reason of such use.

Parent/Guardian's signature _____

*** Please return this form to:
Little Prairie United Methodist Church
2980 130th St. E.
P.O. Box 276
Dundas, MN 55019

