



Date of enrollment: _____

Smithtown United Methodist Church
Sunday School Enrollment Form

Parents'/Guardians' Names: _____

Home Address: _____ Town: _____ Zip: _____

Home Phone: _____ Other Phone: _____

Email: _____ Other Email: _____

Emergency Contact: _____ Phone: _____

Child #1: _____ Preferred Name: _____

Date of Birth: _____ Grade: _____ Girl or Boy

Allergies/ Special Needs: _____

Child #2: _____ Preferred Name: _____

Date of Birth: _____ Grade: _____ Girl or Boy

Allergies/ Special Needs: _____

Child #3: _____ Preferred Name: _____

Date of Birth: _____ Grade: _____ Girl or Boy

Allergies/ Special Needs: _____

Child #4: _____ Preferred Name: _____

Date of Birth: _____ Grade: _____ Girl or Boy

Allergies/ Special Needs: _____
