

HISS UNITED METHODIST CHURCH  
8700 HARFORD ROAD  
BALTIMORE, MARYLAND 21234  
410-668-5665

SUNDAY SCHOOL REGISTRATION 2018-2019

Student's Name Last: \_\_\_\_\_ First: \_\_\_\_\_  
Nickname \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Zip Code \_\_\_\_\_ Phone # \_\_\_\_\_  
Birth date \_\_\_\_\_ Age \_\_\_\_\_

Grade (Please check one)  Pre-K  K  1st  2nd  3rd  4th  5th  
 6th  7th  8th  9th  10th  11th  12th

Mother's Name \_\_\_\_\_  
Address (if different) \_\_\_\_\_  
Home # (if different) \_\_\_\_\_ Cell # \_\_\_\_\_  
Email Address \_\_\_\_\_

Father's Name \_\_\_\_\_  
Address (if different) \_\_\_\_\_  
Home # (if different) \_\_\_\_\_ Cell # \_\_\_\_\_  
Email Address \_\_\_\_\_

Guardian's Name \_\_\_\_\_  
Address (if different) \_\_\_\_\_  
Home # (if different) \_\_\_\_\_ Cell # \_\_\_\_\_  
Email Address \_\_\_\_\_

In case of Emergency, please contact:

Name \_\_\_\_\_  
Address (if different) \_\_\_\_\_  
Home # (if different) \_\_\_\_\_ Cell # \_\_\_\_\_

Allergies or conditions which may limit activity: \_\_\_\_\_

Medications \_\_\_\_\_

Pictures may be taken during Sunday School or Church Services. If you authorize the release your child's picture(s) to be used on the Hiss website or other church publications, please indicate below:

Permission Granted  Permission Withheld

By typing or signing my name below, I verify that the information submitted is accurate, and I give permission for my child to participate in the Hiss United Methodist Church Sunday School. My typed name on this form will serve as my written signature.

Signature (written or typed) \_\_\_\_\_ Date \_\_\_\_\_  
Relationship to Student \_\_\_\_\_