

HISS UNITED METHODIST CHURCH
8700 HARFORD ROAD
BALTIMORE, MARYLAND 21234
410-668-5665
SUNDAY SCHOOL REGISTRATION 2020-2021

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, social media (including Facebook Live), 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 _____