

**Milford United Methodist Church
Sunday School Enrollment Form
2008 – 2009**

Parents/Guardians:

Address, City, State, Zip:

Telephone Number:

Email address:

Child#1:

Birth date & Grade completed:

Special conditions: (allergies,
medication, fears, etc.)

Child#2:

Birth date & Grade completed:

Special conditions: (allergies,
medication, fears, etc.)

Child#3:

Birth date & Grade completed:

Special conditions: (allergies,
medication, fears, etc.)

Child#4:

Birth date & Grade completed:

Special conditions: (allergies,
medication, fears, etc.)

You have my permission to photograph my child/ren during Sunday school for use on the church website, and during worship on the screens.

Parent/Guardian Signature