



to Sunday School

at First United Methodist Church of Palatine

We're glad you're here!

DATE: _____

Student's Name: _____ Nickname: _____

Age: _____ Grade in School: _____ School: _____

Please tell us information the teachers may need to help your child have a great day in Sunday School (food allergies, etc.) _____

Parent or Guardian Names: _____

Address: _____

City/State: _____ Zip: _____

Phone: _____ Email Address: _____

If your child will be attending Sunday School more than 2 or 3 times, we ask that you fill out a Sunday School Registration Form. Forms are available on the church web site: www.fumcpalatine.org or pick one up at the Children's Ministries welcome table.