

# SUNDAY SCHOOL REGISTRATION & RELEASE FORM

First United Methodist Church of Marlborough  
Health History and Emergency Contact Details

All Information is strictly confidential

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Grade in the Fall \_\_\_\_\_

School /Town \_\_\_\_\_

Parents/Guardians Names \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

Mother's Place of Employment \_\_\_\_\_ Phone \_\_\_\_\_

Father's Place of Employment \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact if neither parent can be reached during class

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Any Allergies? Please be specific – including food allergies

\_\_\_\_\_

Date of last Tetanus shot \_\_\_\_\_

Is the student currently on any medication? If so what? \_\_\_\_\_

Please list any additional medical/physical/emotional conditions of which the staff should be aware

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_