



**Lowell First United Methodist Church**

# **Sunday School**

## **Registration**

**9:30 to 10:20 a.m. each Sunday**



Child's/Student's Name	Birthdate	Age	Grade	Allergies/Medical issues
_____	_____	____	____	_____
_____	_____	____	____	_____
_____	_____	____	____	_____
_____	_____	____	____	_____
_____	_____	____	____	_____

Street Address \_\_\_\_\_

City, ST Zip \_\_\_\_\_

Parent Name(s) \_\_\_\_\_

Parent Email(s) \_\_\_\_\_

Phone Numbers: Home (landline) \_\_\_\_\_

Mother's cell \_\_\_\_\_

Father's cell \_\_\_\_\_

Student's cell(s) \_\_\_\_\_

*If rides to Sunday School were available, we would regularly use the bus service.*