

# LISBON UNITED METHODIST CHURCH SUNDAY SCHOOL REGISTRATION FORM 2020-2021

Child's Name	Age or Grade in School	Birthday
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Parent's Contact Information:**

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

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

Is there any special information we need to know about your child/children?

\_\_\_\_\_

\_\_\_\_\_

We look forward to another great year learning about God's Word! Should you have any concerns, feedback or suggestions (or if you or someone you know would like to get involved in our Sunday School Program) please contact me:

Nick Booth

Chair-Christian Education

Cell: 319-721-5509

Email: nicholas.booth@gmail.com

Please sign the waiver below if your child may be in a photo/video for Sunday School!

Signature: \_\_\_\_\_