

Youth Sunday School Registration 2026 - 2027

This form must be completed and received by the church in order to have a place for your child.

Please complete the registration form below on or before 9/6/2026 and return it to the church in-person or by email to garnerumc@comm1net.net. We only need one form per family; please be sure to include all of your children that will attend. Classes begin on 9/13/2026. Thank you!

Parent/Guardian's Name(s): _____

Address: _____

Phone Number(s): _____

Email Address(es): _____

Additional Emergency Contact(s) and Phone Number(s):

Child's Name: _____

Grade (2026-27): _____ Allergies: _____

Child's Name: _____

Grade (2026-27): _____ Allergies: _____

Child's Name: _____

Grade (2026-27): _____ Allergies: _____

I give permission for my child/children to participate fully in the Sunday School program at Garner United Methodist Church, including snacks and games. In case of emergency, I understand that every effort will be made to contact the parents/guardians of the child(ren). In the event that I cannot be reached, I hereby give permission for the medical personnel selected by the Sunday School staff to secure proper and necessary treatment for my child(ren) as named on this form.

Signature and Date: _____

Physician's Name, Clinic and Phone: _____

I understand that during the course of the year pictures may be taken to help us remember the events of the year. I give permission for my child's (children's) picture to be used in church publications such as but not limited to the church newsletter, website, and social media. This can be amended by written request.

Signature and Date: _____