

Baldwin Community UMC  
**Sunday School 2024/2025**

**STUDENT INFORMATION:**

Student's name \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_

Most Recent Completed Grade \_\_\_\_\_

Address \_\_\_\_\_

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

**PARENT/GUARDIAN INFORMATION:**

Name \_\_\_\_\_

Address (if different) \_\_\_\_\_

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

Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Email \_\_\_\_\_

Best way to contact you \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION (if different from above):**

Name \_\_\_\_\_

Address (if different) \_\_\_\_\_

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

Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Email \_\_\_\_\_

Best way to contact you \_\_\_\_\_

**OTHER APPROVED PICK-UPS:**

Non-Guardians approved to sign-out and pick-up child after Sunday School (e.g. Grandparents, friends, etc.)

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**EMERGENCY CONTACT:**

Relationship to youth \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Current medical conditions/medications \_\_\_\_\_

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ALLERGIES \_\_\_\_\_

**MEDIA WAIVER:**

I/We the parents or guardians of the above-named child acknowledge that, by participating in the BCUMC Sunday School, my child's image may appear on the church website and social media (e.g. in publicity, group photos, or videos of musical performances), and give permission for its use in this manner.

Signature of Parent or Guardian:

Date:

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