CHURCH SCHOOL REGISTRATION
ST. MATTHEW'S UNITED METHODIST CHURCH
14900Annapolis Road, Bowie, MD 20715

Please Print

Family Members First & Last Name	Date of Birth mm/dd/yy	Sex M/ F	Date of Baptism	Date of Confirmation	Grade in School * (as of 9/11)	Who will pick up the child?

* Preschoolers attend class for child's age on September 1, 2011

Check one: ☐ New Registration ☐ Update Today's date:_____

Parent / Guardian Name 1. 2. Home Phone

Address City State Zip E-mail

Child/ren's address if different from parent / guardian Phone

Parent / Guardian work phone/s Cell phone/s

Please list allergies or other health concerns or special needs (specify child) that need to be shared with teachers:

Any other comments:

Are you members of SMUMC? ☐ Yes ☐ No

If not, are you interested in a membership orientation class? ☐ Yes ☐ No

When my children attend Church School, I/we can usually be found (please specify class or location):_____

Return to Christian Formation Office.