

**First United Methodist Church**  
**318 W. Main St., W. Dundee, IL 60118-2021**  
**847/426-2113**

**Registration form for Classes and Fellowship Events Grades 7-12**  
**School Year 2009 – 2010**

Participant's Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Grade in School Sep. 2009: \_\_\_\_\_

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

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

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell/Emergency #: (\_\_\_\_) \_\_\_\_\_

Parents/Guardians: \_\_\_\_\_

E-mail address (if used regularly): \_\_\_\_\_

**IMPORTANT: Please list any allergies and/or other medical or behavioral conditions or concerns: (or write "none")** \_\_\_\_\_

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Since our programs run completely on volunteer power, your assistance would be appreciated in one or more of the following areas. Please check which area(s) you would like to help out with. **Thank you!**

Teach/Assist with:

- Pre-K or Kindergarten
- 1st, 2<sup>nd</sup>, 3<sup>rd</sup> grade
- 4<sup>th</sup>, 5<sup>th</sup> grade
- middle school
- high school

Fellowship – Special Events

- special events for elementary children
- special events for middle school kids
- events for confirmation students
- high school fellowship events

Donate food treats, craft supplies for \_\_\_\_\_ age kids.

\_\_\_\_\_ has my permission to participate in all Sunday School, and Youth Fellowship activities sponsored by the First United Methodist Church of Dundee. This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the church and its staff and volunteers of any liability against personal losses of named child.

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_