

**WESLEY UNITED METHODIST CHURCH
CHRISTIAN EDUCATION REGISTRATION FORM
SEPTEMBER 2024 THROUGH JUNE 2025**

Parent Name(s): _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Cell Phone: _____
Email: _____
Preferred Contact Method: Call Text Email
Emergency Contact Name: _____
Emergency Contact Telephone: _____

Child #1

Name: _____ Date of Birth: _____
Grade Level as of September 2024: _____
Baptized? Yes: ____ No: ____
Confirmed? Yes: ____ No: ____
Allergies/Diet Restrictions/Medical Conditions:

Child #2

Name: _____ Date of Birth: _____
Grade Level as of September 2024: _____
Baptized? Yes: ____ No: ____
Confirmed? Yes: ____ No: ____
Allergies/Diet Restrictions/Medical Conditions:

Child #3

Name: _____ Date of Birth: _____
Grade Level as of September 2024: _____
Baptized? Yes: ____ No: ____
Confirmed? Yes: ____ No: ____
Allergies/Diet Restrictions/Medical Conditions:

