

**WESLEY UNITED METHODIST CHURCH  
CHRISTIAN EDUCATION REGISTRATION FORM  
SEPTEMBER 2023 THROUGH JUNE 2024**

Parent Name(s): \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Emergency Contact Name: \_\_\_\_\_  
Emergency Contact Telephone: \_\_\_\_\_

Child #1

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Grade Level as of September 2023: \_\_\_\_\_  
Baptized? Yes: \_\_\_ No: \_\_\_  
Confirmed? Yes: \_\_\_ No: \_\_\_  
Allergies/Diet Restrictions/Medical Conditions:

Child #2

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Grade Level as of September 2023: \_\_\_\_\_  
Baptized? Yes: \_\_\_ No: \_\_\_  
Confirmed? Yes: \_\_\_ No: \_\_\_  
Allergies/Diet Restrictions/Medical Conditions:

Child #3

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Grade Level as of September 2023: \_\_\_\_\_  
Baptized? Yes: \_\_\_ No: \_\_\_  
Confirmed? Yes: \_\_\_ No: \_\_\_  
Allergies/Diet Restrictions/Medical Conditions:

Child #4

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Grade Level as of September 2023: \_\_\_\_\_  
Baptized? Yes: \_\_\_ No: \_\_\_  
Confirmed? Yes: \_\_\_ No: \_\_\_  
Allergies/Diet Restrictions/Medical Conditions: