

Sunday School Contact Information Form

St. Andrew's United Methodist Church
1004 Rock Road | DeSoto, Missouri
636-586-2472



This form is to be updated annually.

Child's Name _____ (One form per child please)
Grade Completed _____ Birthday _____ Age _____

Parent's Name(s) _____
Home Address _____
Home or Cell Phone _____ Alternative Phone _____

Emergency Contact Person _____
Relationship to Student _____
Emergency Phone _____ Emergency Alternate Phone _____

Food Allergies Yes No If yes, list _____
Medical Concerns Yes No If yes, explain _____
Family Doctor: _____ Doctor's Phone _____

Siblings in classrooms or church (Names and Ages)

1. Name _____ Age _____
2. Name _____ Age _____
3. Name _____ Age _____

Church Affiliation _____ Church Membership at _____

Person(s) Name(s) who may pick up child

1. Name _____ Phone _____
2. Name _____ Phone _____

St. Andrew's UMC has permission to photograph/film the minor designated above for any lawful purpose associated with this ministry program.

Thank you for giving us the opportunity to teach your child more about God and give them the opportunity to have fun at the same time.

Parent Signature _____ Date _____