

# CHILDREN & YOUTH PROGRAMS FAMILY REGISTRATION

Today's date: \_\_\_\_\_



**Parent/Guardian name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ **Home phone:** \_\_\_\_\_ **Cell phone:** \_\_\_\_\_

**E-mail where we can contact you:** \_\_\_\_\_ **Church member? (circle) Yes No**

**Parent/Guardian name:** \_\_\_\_\_ **Address (if different):** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ **Home phone:** \_\_\_\_\_ **Cell phone:** \_\_\_\_\_

**E-mail where we can contact you:** \_\_\_\_\_ **Church member? (circle) Yes No**

**Emergency contact name:** \_\_\_\_\_ **Home phone:** \_\_\_\_\_ **Cell phone:** \_\_\_\_\_

At UCUCC, children are in shared public classroom spaces, so in the event of a communicable disease outbreak, we will inform you of any information as soon as possible. If your child is at higher risk for communicable diseases, whether from lack of immunizations or other medical conditions, please take a moment to let us know in the space below.

---

---

---

---

**Is there any other information that would assist us in working with your children? Write here, or request a call.**

I would like church staff to contact me privately to discuss my child's needs.

**CHILDREN:**

**1. Name:** \_\_\_\_\_ Birthdate: \_\_\_\_\_ Baptism date: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Child's interests and activities:

Does your child have any allergies, medical conditions or special needs that we should be aware of while caring for your child?

**2. Name:** \_\_\_\_\_ Birthdate: \_\_\_\_\_ Baptism date: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Child's interests and activities:

Does your child have any allergies, medical conditions or special needs that we should be aware of while caring for your child?

**3. Name:** \_\_\_\_\_ Birthdate: \_\_\_\_\_ Baptism date: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Child's interests and activities:

Does your child have any allergies, medical conditions or special needs that we should be aware of while caring for your child?

**I am interested in helping in the following way(s):**

- Serve on the Children's Ministry Committee or Youth Ministry Committee
- Co-lead class
- Assist with Special Sermon Time
- Music
- Provide food for special occasions
- Provide transportation to/from events
- Provide prayer support
- Set-up, donate or shop for supplies
- My suggestion \_\_\_\_\_
- Sorry, I am unable to help at this time