

St. Paul's United Church of Christ  
Robesonia, PA

Youth Information / Registration Form  
2019 - 2020

Youth Fellowship Ministry, Sunday School, Nursery, VBS



Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade (2019-2020): \_\_\_\_\_  
Allergies & Other Medical Conditions: \_\_\_\_\_

*This form for.... (Check all that apply):*     VBS     Sunday School     Nursery     Youth Group     Other: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade (2019-2020): \_\_\_\_\_  
Allergies & Other Medical Conditions: \_\_\_\_\_

*This form for.... (Check all that apply):*     VBS     Sunday School     Nursery     Youth Group     Other: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade (2019-2020): \_\_\_\_\_  
Allergies & Other Medical Conditions: \_\_\_\_\_

*This form for.... (Check all that apply):*     VBS     Sunday School     Nursery     Youth Group     Other: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade (2019-2020): \_\_\_\_\_  
Allergies & Other Medical Conditions: \_\_\_\_\_

*This form for.... (Check all that apply):*     VBS     Sunday School     Nursery     Youth Group     Other: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_    Other Phone (cell/work/ \_\_\_\_\_): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
e-mail: \_\_\_\_\_    Home Church: \_\_\_\_\_

*Keep me informed. Please add me to the following communication lists.... (Check all that apply)*

Mailed Monthly Newsletter     Email Monthly Church Newsletter     Email Church E-News Highlights     Youth Group Email/Text Updates

Parent/Guardian Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
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*Keep me informed. Please add me to the following communication lists.... (Check all that apply)*

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Emergency Contacts:  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

List any additional persons who may pick up your child/children from church events: \_\_\_\_\_

Information that may be helpful for us to know about your child/children: \_\_\_\_\_

- ☞ I give St. Paul's UCC permission to have my child/children transported to a healthcare facility and/or to receive emergency medical care (**circle one:** Yes / No).
- ☞ From time to time, pictures are taken at church activities. To help promote youth activities to other youth, parents, the general membership, and our community we are asking your permission to publish pictures of church activities that might include a photograph of your child. I give St. Paul's UCC permission to use photographs of my child/children in church publications (**circle one:** Yes / No).

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Mail this form to: St. Paul's UCC; 301 West Penn Avenue; Robesonia, PA 19551**  
office@sprucc.org; www.SPRUCC.org; 610-621-5770