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

Youth Information / Registration Form
Youth Fellowship Ministry, Sunday School, Nursery, VBS

School Year:
2019 - 2020

Child's Name: Birth Date (mm/dd/yyyy): Grade:
Allergies & Other Medical Conditions:

This form is for.... (Check all that apply): ☐ VBS ☐ Sunday School ☐ Nursery ☐ Youth Group ☐ Other:

Child's Name: Birth Date (mm/dd/yyyy): Grade:
Allergies & Other Medical Conditions:

This form is for.... (Check all that apply): ☐ VBS ☐ Sunday School ☐ Nursery ☐ Youth Group ☐ Other:

Child's Name: Birth Date (mm/dd/yyyy): Grade:
Allergies & Other Medical Conditions:

This form is for.... (Check all that apply): ☐ VBS ☐ Sunday School ☐ Nursery ☐ Youth Group ☐ Other:

Child's Name: Birth Date (mm/dd/yyyy): Grade:
Allergies & Other Medical Conditions:

This form is 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 Church Newsletter ☐ Emailed Monthly Church Newsletter ☐ Email Church E-News Highlights ☐ Youth Group Email/Text Updates

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

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 (**check 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 (**check one**: ☐ Yes / ☐ No).

Parent/Guardian Signature: Date:

Hand in this form in person or mail or email the form to:
St. Paul's UCC; 301 West Penn Avenue; Robesonia, PA 19551
office@sprucc.org ~ www.SPRUCC.org ~ 610-621-5770