



Please complete one form per child, including infants and return to the office at your earliest convenience. Thank you.

Children's Church Registration Form 2017-18 Academic Year

Child's Name: _____

Age: _____ Date of Birth: _____ Level in School: _____ traditional or year-round?

Child's School _____ Child's Teacher _____

Parent Name: _____

Address: _____

Phone Number(s): _____

E-mail(s): _____

Please complete the following (this form will be shared with teachers and kept in a secured office):

Child's favorites (e.g. pet, friend, activities, food, interests, activities): _____

Please describe your child in a few words: _____

Allergies/medications? _____

Siblings: _____

Please include any other information you deem helpful in working with your child. Feel free to use additional space. _____

► UPUC has permission to take my child's photo for classroom use and use photos for the church website, monthly newsletter or weekly email that include my child. Yes [] No []

► For the safety of our children and the consideration of our volunteers, all children need to be picked up from Children's Church and the Nursery immediately after worship. Teachers take care to release children only to parents/guardians.

► _____ (Signature) _____ (Date)