



# REGISTRATION FORM

Name of Parent(s) or Guardian(s):	
Address:	
Phone Number(s): (Texting Y / N)	
Email Address(es):	
Emergency Contact #1:	Phone:
Emergency Contact #2:	Phone:

Fill chart out below for all Youth entering grades 7<sup>th</sup> – 12<sup>th</sup>

#	Name of Youth	Date of Birth	Current Grade	Phone Number: (Texting Y/N)
1				
2				

By signing this form, I grant permission for my teen(s) to attend the Sunday School Program at the United Church of Christ in Bayberry.

**Parent or Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Promotional Consent:**

I agree to allow my Teen's image to be used by the United Church of Christ in Bayberry for promotional use. These may include posters used in our church, posters used to recruit at other locations, informational brochures, newspaper advertisements, flyers, promotional videos, or the church website and bulletin boards. Youth will not be identified by name.

**Parent or Guardian Signiature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please submit this form to the United Church of Christ in Bayberry – Att: Children's Minister (Jannie DeWees)