



LISTENING IN THE LIGHT OF GOD

NEW ENGLAND YOUTH REGISTRATION

2017-2018

(GRADES 5TH-12TH)

CHILD'S NAME

DATE OF BIRTH

AGE

GRADE

PLEASE LIST SIBLINGS NAMES AND AGES:

PARENT/GUARDIAN NAME/S

PHONE NUMBERS

_____	Home	_____	Cell	_____
_____	Home	_____	Cell	_____

MAILING ADDRESS

E-MAIL ADDRESS

EMERGENCY CONTACT

PHONE

CONCERNS: MEDICAL/ALLERGIES/BEHAVIOR/LEARNING

Does your child receive special services? Yes No (Circle one)

If yes, please share anything that would help us assisting your child in Church School.

NAMES OF ALL ADULTS THAT MAY PICK UP YOUR CHILD/CHILDREN

PERSON COMPLETING THIS FORM _____

RELATIONSHIP TO THIS CHILD: _____

**ARE YOU WILLING TO HELP CHAPERONE DURING A YOUTH EVENT (SERVICE OR FUN)?
EX. BOWLING, ZOO, MUSEUM, ETC.**

YES NO

I give permission for my child's photo to be used on the NECC website (via Youth Tidings).

Signature: _____

Questions: Contact Audra Darche at Audra@newenglandchurch.org

Please return this form to the church office by: Sept. 5th