



WALKING IN THE LIGHT OF GOD

NEW ENGLAND YOUTH REGISTRATION

2018-2019

(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)? YES
EX. BOWLING, ZOO, MUSEUM, ETC. NO

PLEASE LIST ANY DIETARY PREFERENCES. EX. VEGETARIAN, VEGAN, ETC. _____

Please check all that apply:

_____ I give permission for my child's photo to be used on the NECC website and/or Facebook page.

_____ I give permission for my child's photo to be used in our monthly NECC newsletter (Youth Tidings).

Signature: _____

Questions: Contact Audra Darche at Audra@newenglandchurch.org

PLEASE RETURN THIS FORM TO THE CHURCH OFFICE BY: AUG. 26TH.