



# DANCING IN THE LIGHT OF GOD

**NEW ENGLAND YOUTH REGISTRATION**

**2021-22**

**(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](mailto:Audra@newenglandchurch.org)

**PLEASE RETURN THIS FORM TO THE CHURCH OFFICE BY: AUG. 29TH.**