

Registration Form

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Name: | Allergies/Emergency Medical Information: | | Age: | DOB: | | Grade: | Media  Release: |
| Child 1: |  |  | |  |  | |  | Y / N |
| Child 2: |  |  | |  |  | |  | Y / N |
| Child 3: |  |  | |  |  | |  | Y / N |
| Child 4: |  |  | |  |  | |  | Y / N |
| Name of parent(s): | | | | | | | | |
| Street address: | | | | | | | | |
| City: | | | State: | | | ZIP: | | |
| Home telephone: ( ) | | | | | | | | |
| Parent/caregiver’s cell phone: ( ) | | | | | | | | |
| Home e-mail address: | | | | | | | | |
| Home church: | | | | | | | | |

**First United Church of Christ, Austinburg**

Youth Permission Slip

What: Sleepover

Where: First UCC Fellowship Hall

When: September 16, 2017 - 6:00PM

|  |  |
| --- | --- |
|  | Emergency Contact: |
| Phone: ( ) |
| Relationship to Child: |

Parent Signature: