

**Unitarian Universalist Church of Greater Lynn
2016-2017 Children and Youth Registration Form**

Please list all your children – infants through grade 5

Last Name	First	Birth Date	Grade

Please list all youth 6th grade through 12th grade. PLEASE write in Pickles if your 6th – 8th grade youth is interested in being part of a monthly social group. PLEASE write in DOB and indicate grade if your child is in the Senior Youth Group or the Middle School

Last Name	First	Pickles And Middle School Birth Date 6-7-8	Youth Group Birth Date 9-10-11-12

YOUTH EMAIL and Cell Phone. _____

1) Parent/Guardian _____

E-mail _____

Work Phone _____ Home Phone _____ Cell Phone _____

Home Address _____

2) Parent/Guardian _____

E-mail _____

Work Phone _____ Home Phone _____ Cell Phone _____

Home Address _____

I / we give permission for my children to be photographed and/or videotaped while participating in the Faith Development Program and related church activities. These photos may be used within the church and/or published in church printed materials and/or on the church website. ___yes ___no

Permission to use photos in local area newspapers ___yes ___no

Please return this form as soon as you can to the **Unitarian Universalist Church of Greater Lynn, 101 Forest Avenue, Swampscott, MA 01907 ~ Attn: Registration ~** with both sides completed. Thank you!

GENERAL PERMISSION

I/We understand that on Sunday mornings some activities may be conducted outside of our church building. These activities may include walks near our church property, or off site trips.

I/We hereby give permission for our child/ren's participation in such activities. I/ We understand that we will be notified in advance of all off site and/or extended outings.

I/We understand that a parent must remain in the building when their child attends Sunday morning programs. If a parent is not able to be present, prior arrangement must be made with the Faith Development Director. In the event of a medical emergency, permission is granted to transport my child/ren to the nearest source of emergency care and to secure medical care as needed. I understand my signature grants permission and agreement for 2012-2013 RE year.

Child's Insurance Policy number _____

Name of Child's Doctor and phone number _____

Name of person we can call in case of emergency and phone number in case you are unavailable

Your signature below registers your child/youth in our Faith Development Program at the UU Church of Greater Lynn. Your signature constitutes permission to share necessary information regarding your child with his/her Circle Leader or advisor. You also agree that it is your responsibility to supervise your child before and after their time in class.

Signature of parent(s) or guardian(s)

Date:

Does your child have allergies/health concerns or special learning needs? If so, please fill out the following. The additional information helps us ensure your child's well being and contributes to a positive learning environment for all.

Child/Youth name: _____

If more than one child, please write in your child's name beside the area you checked off.

Respiratory Allergies

Food Allergies

Uses Epi-Pen

Asthma (What is your action plan?)

Uses a Rescue Inhaler

Regular medications (tell us more below)

Hearing/Vision

Learning or behavioral needs (tell us more below)

Please have the Faith Development Director contact me regarding my child's needs.

Please provide details about any of the above or other medical matters not listed; the more we know, the better we can support you and your child.
