## Registration for Youth Group (Grades 5-12)

2022-2023

	out your children	
1 <sup>st</sup>	Child's full name:	
	Date of Birth:	Grade:
	Preferred Pronoun: $\Box$ he / $\Box$ she / $\Box$ t	they
	Is there anything that the teachers and a	assistants should know, such as food allergies, medical needs, or other issue?
2 <sup>nd</sup>	Child's full name:	
	Date of Birth:	Grade:
	Preferred Pronoun: $\Box$ he / $\Box$ she / $\Box$ t	they
	Is there anything that the teachers and a	assistants should know, such as food allergies, medical needs, or other issue?
Pe	rmissions	
ren per chi	ninders (e.g. items to bring to church, wh	acted via email and/or text for updates on Youth Group meetings and nat time to meet etc.). Information given and signed will be considered phone number of child 1 but not 2 and sign, it is seen as permission that d number 2.
	Cell phone:	Email:
$2^{\text{nd}}$	Child's name:	
	Cell phone:	Email:
	Signature:	Date:
_	ve permission for pictures of me or my c ebook, website, TUC Worship PowerPoi Signature:	hildren to be published in print (bulletin board) or electronically (e.g. TUC nt) for the purposes of TUC.  Date:
_	-	en to and from youth activities by the CD Minister, and/or other parents. Insafe or against the rules under Covid Safety Guidelines.  Date:
Ab	out You	
<b>1</b> <sup>st</sup>	Parent's full name:	
	Address:	- u
	Telephone:	Email:
2 <sup>nd</sup>	Parent's full name:	
	Address:	
	Telephone:	Email:

## Emergency Contact (Optional)

If there is an emergency and we are unable to contact either parent, is there an emergency contact you wish for us to call? Emergency contact full name:

Telephone:

This information is collected to comply with the UCC Privacy Standards Policy and is to be used only for the purposes of programs at TUC.