

# JUNIOR CHURCH/SUNDAY SCHOOL REGISTRATION FORM

*Grace United Brethren Church Children's Ministry*

Child's Name: \_\_\_\_\_

Nickname: \_\_\_\_\_ Birth Date: \_\_\_\_\_

## **Significant Others**

Mother: \_\_\_\_\_ Father: \_\_\_\_\_

Siblings & Ages: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Accompanying Safe Adult if NOT the Parent: \_\_\_\_\_

Services usually attended: \_\_\_\_\_

Where parents will be: \_\_\_\_\_

Where will Other Safe Adults be: \_\_\_\_\_

## **Snacks**

Allergies: \_\_\_\_\_

Does your child carry an Epipen or Inhaler? Yes  No

If yes, please complete **Epipen and Inhaler Form**

Concerns: \_\_\_\_\_

Other Comments: \_\_\_\_\_

I give my permission to Grace U.B. Church to keep the information above in records for the use of the Grace U.B. Church Children's and Youth ministries. Yes  No

I give my permission to Grace U.B. Church to use my child's name and/or photo on material posted within the church. Yes  No

I give my permission to Grace U.B. Church to use my child's name and/or photo on material posted on the church website. Yes  No

Parent's Signature: \_\_\_\_\_

Grace United Brethren Church  
895 Empire Road, Sherkston, ON L0S 1R0  
(905) 894-3462; fax (905) 894-8618  
[www.graceub.com](http://www.graceub.com)