



Today's Date: _____

Family Registration Form 2016-17

Our family will attend the 9:00 10:45 service.

Please list any Special needs/ Allergies/ Medical needs so we can best serve your child

Child's First Name	Last Name	Gender	Birthdate	Age	Grade	Medical needs so we can best serve your child
			/ /			
			/ /			
			/ /			
			/ /			
			/ /			
			/ /			

Last Name: _____

Child(ren)'s Primary Address: _____ City _____ Zip _____

Phone(____) _____ Cell Phone(____) _____ Parent/Guardian Name(s): _____

Address (if different from child's): _____

Parent/Guardian phone # _____ E-mail: _____

We periodically take pictures of our UpStreet children for use in promotional videos, brochures, and on our website. Please contact a member of the UpStreet Staff if you have any questions or concerns regarding your child's image being used.

Thank you for partnering with us. I understand that my family is one of many cared for in UpStreet. By registering my family, we agree to serve at least once a month in our UpStreet Children's Ministry.

I prefer to serve in: _____ Infant - K
 _____ 1st - 4th Grade

I prefer to serve on: _____ Sunday, 1st Service
 _____ Sunday, 2nd Service
 _____ Mid-week Prep/Clean Team

If not completed we will place you wherever needed most.