



Today's Date: _____

Family Registration Form 2017-18

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: _____
 (please specify) Cell Phone 1: (____) _____ Cell Phone 2: (____) _____

Parent/Guardian Name(s): _____
 Address (if different from child's): _____
 (please specify) Email 1: _____ Email 2: _____

We periodically take pictures of our UpStreet children for use in promotional videos, brochures, and on our website.

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 - 5's I prefer to serve on: _____ Sunday, 1st Service
 _____ K - 4th Grade _____ Sunday, 2nd Service
 _____ Special Treasures (Special Needs) *See one of our Children's Ministry Staff to learn more about the areas you can serve.*

If not completed we will place you wherever needed most.