Registration Form

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Name: | Allergies/Emergency Medical Information: | Age: | DOB: | Grade: | MediaRelease:  |
| Child 1: |  |  |  |  |  | Y / N |
| Child 2: |  |  |  |  |  | Y / N |
| Child 3: |  |  |  |  |  | Y / N |
| Child 4: |  |  |  |  |  | Y / N |
| Name of parent(s): |
| Street address: |
| City: | State: | ZIP: |
| Home telephone: ( ) |
| Parent/caregiver’s cell phone: ( ) |
| Did your child bring any type of electronics with them:  |
| Home e-mail address: Home church: |

**First United Church of Christ, Austinburg**

Youth Permission Slip

What: Sleepover

Where: First UCC Fellowship Hall

When: April 4th - 6:00PM

|  |  |
| --- | --- |
|  | Emergency Contact: |
| Phone: ( ) |
| Relationship to Child: |

Parent Signature: