

St. Paul United Church of Christ
After School Program Registration
(Please Print)

2009-2010

Student Information

(First Name) (Middle Name) (Last Name)

Nickname _____ Youth e-mail _____

Primary Address _____
(Street) (City & State) (Zip Code)

Date of Birth ____ / ____ / ____

Current School Year Grade (2009/2010) _____

****ALLERGIES (please list) _____

Emergency Contact: Name _____ Phone _____

Person (s) who may pick up my child from After School Activities Program other than myself: (Name, Relationship, & Phone) _____

Please notify the church office if a person is NOT to take your child from St. Paul UCC.

Family Information

Mother's Name _____ Home Phone _____

Address _____ St. Paul member? Yes No

Work Phone _____ Cell Phone _____

E-mail _____

Father's Name _____ Home Phone _____

Address _____ St. Paul member? Yes No

Work Phone _____ Cell Phone _____

E-mail _____

Siblings and other Household Members (names & ages) _____

My Child has my permission to participate in the following activities:

_____ Kid's Crew (3:15—4:00 pm)

_____ Alleluia Ringers (4:00—4:45 pm)

_____ Super Singers Children's Choir (4:45—5:30)

NOTE: If you have a problem picking your child up at 5:30 pm, give Denise Johnson a call at church (281-5102, ext. 18). Arrangements can be made for a later pick-up time.

Parent/Guardian Signature _____