



Faith Development Registration Form

Please complete a registration form for each child and give to the FD Coordinator.

Name _____

Preferred name _____

Preferred pronouns _____

Date of Birth mm/dd/yyyy _____

Current Grade Level _____

Any special needs, allergies, or health concerns? _____

Parent/Guardian Name _____

Relationship (parent/grandparent/etc) _____

Address _____

Parent/Guardian Email _____

Parent/Guardian Phone Number _____

Additional Parent/Guardian Name _____

Relationship (parent/grandparent/etc) _____

Address (if different) _____

Additional Parent/Guardian Email _____

Additional Parent/Guardian Phone Number _____

Emergency Contact (if parent/guardian cannot be reached) _____

Emergency Contact Phone Number _____

I am interested in volunteering in Faith Development. (select all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Reading Story For All Ages | <input type="checkbox"/> Assisting with Youth Group |
| <input type="checkbox"/> Volunteering in the nursery | <input type="checkbox"/> Chaperoning for FD trips or events |
| <input type="checkbox"/> Teaching Ages 5-12 | <input type="checkbox"/> Helping with multi-generational events |
| <input type="checkbox"/> Assisting with Ages 5-12 | <input type="checkbox"/> Other - Please contact me. |
| <input type="checkbox"/> Leading Youth Group (Grades 6-12) | |

I give permission for CUUC to use images or video of my child in internal and external communications (newsletter, website, etc.), as well as in live streamed services.

- Yes
 No

Parent Signature & Date _____