

# NORTH BRANCH REFORMED CHURCH 2016-17 YOUTH REGISTRATION

(Please return to Pastor Mark, Church School Teachers or Youth Group Leaders)

*For parents of children with particular special needs, our Special Needs Consultant, Karen Aguanno, would love to speak with you further about how we might welcome your child to ensure the best experience in our Youth Program. Karen can be reached at 732-245-7599.*

Family Last Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother \_\_\_\_\_ Father \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_ E-mail \_\_\_\_\_

**North Branch Reformed Church has my permission to use photographs of all listed here for church promotional purposes.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**BREAKING NEWS/UPDATES:** Many times, there are reminders for scheduled events. What is the best way to inform you? (Please check all that you would like)

- |                                        |                                              |
|----------------------------------------|----------------------------------------------|
| <input type="checkbox"/> E-mail Mother | <input type="checkbox"/> Text Message Mother |
| <input type="checkbox"/> E-mail Father | <input type="checkbox"/> Text Message Father |
| <input type="checkbox"/> E-mail Child  | <input type="checkbox"/> Text Message Child  |

(Please Complete Reverse Side)

**Child #1** \_\_\_\_\_ **DOB** \_\_\_\_\_

Cell Phone \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Special Needs \_\_\_\_\_

Allergies \_\_\_\_\_

Other Groups (sports, music groups, scouts, 4H, etc.) \_\_\_\_\_

\_\_\_\_\_

**Child #2** \_\_\_\_\_ **DOB** \_\_\_\_\_

Cell Phone \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Special Needs \_\_\_\_\_

Allergies \_\_\_\_\_

Other Groups (sports, music groups, scouts, 4H, etc.) \_\_\_\_\_

\_\_\_\_\_

**Child #3** \_\_\_\_\_ **DOB** \_\_\_\_\_

Cell Phone \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Special Needs \_\_\_\_\_

Allergies \_\_\_\_\_

Other Groups (sports, music groups, scouts, 4H, etc.) \_\_\_\_\_

\_\_\_\_\_

**Child #4** \_\_\_\_\_ **DOB** \_\_\_\_\_

Cell Phone \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Special Needs \_\_\_\_\_

Allergies \_\_\_\_\_

Other Groups (sports, music groups, scouts, 4H, etc.) \_\_\_\_\_

\_\_\_\_\_

(Please Complete Reverse Side)