

**St. Vincent United Church of Christ  
Phoenixville, PA**

**Sunday School & Youth Fellowship  
Registration Form for the  
2010-2011 School Year**



Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade (2010-2011): \_\_\_\_\_  
Allergies & Other Medical Conditions: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade (2010-2011): \_\_\_\_\_  
Allergies & Other Medical Conditions: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade (2010-2011): \_\_\_\_\_  
Allergies & Other Medical Conditions: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade (2010-2011): \_\_\_\_\_  
Allergies & Other Medical Conditions: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Other Phone (cell/work/ \_\_\_\_\_): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
e-mail: \_\_\_\_\_ Home Church: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Other Phone (cell/work/ \_\_\_\_\_): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
e-mail: \_\_\_\_\_ Home Church: \_\_\_\_\_

Emergency Contacts:  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

List any additional persons who may pick up your child/children from church events: \_\_\_\_\_

Information that may be helpful for us to know about your child/children: \_\_\_\_\_

- I give St. Vincent UCC permission to have my child/children transported to a healthcare facility and/or to receive emergency medical care (circle one: Yes / No).
- From time to time, pictures are taken at church activities. To help promote youth activities and Sunday school to other youth, parents, the general membership, and our community we are asking your permission to publish pictures of church activities that might include a photograph of your child. I give St. Vincent UCC permission to use photographs of my child/children in church publications (circle one: Yes / No).

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

**Mail this form to: St. Vincent UCC; PO Box 454; Phoenixville, PA 19460**  
Office@StVincentUCC.org; www.StVincentUCC.org; 610-933-4243