

# Registration Card—Youth & Family Ministry

## Unity Church of Lawrence

Please fill out a form for each young person in your family. Circle one of the following.  
Infant Toddler 3 years Preschool K 1st 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> 5<sup>th</sup> 6<sup>th</sup> 7<sup>th</sup> 8<sup>th</sup> 9<sup>th</sup> 10<sup>th</sup> 11<sup>th</sup> 12<sup>th</sup>

PLEASE PRINT

Today's Date \_\_\_\_\_

Student's name \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_\_

Nickname they prefer (if applicable) \_\_\_\_\_ Gender \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Youth e-mail \_\_\_\_\_

Home phone \_\_\_\_\_ Youth cell phone \_\_\_\_\_

Mother's name \_\_\_\_\_ E-mail \_\_\_\_\_ Work phone \_\_\_\_\_

Father's name \_\_\_\_\_ E-mail \_\_\_\_\_ Work phone \_\_\_\_\_

Student lives with:  Mother  Father  Father & Mother  Other \_\_\_\_\_

Comes to Unity with \_\_\_\_\_

Address of responsible adult \_\_\_\_\_

Emergency contact & number \_\_\_\_\_

Medical conditions: include allergies & medications \_\_\_\_\_

Special needs \_\_\_\_\_

Special interests & activities \_\_\_\_\_

School attending \_\_\_\_\_ Graduation year (teens) \_\_\_\_\_

Activities involved in \_\_\_\_\_

Part-time work (teens) \_\_\_\_\_

Talents others see that your youth does not recognize in self \_\_\_\_\_

What else do you want us to know about the youth? \_\_\_\_\_

Parent signature \_\_\_\_\_