## **APPENDIX 8 – HOPE UCC – PAGE 1 REGISTRATION FORM - YOUNG CHILD ACTIVITIES**

Date completed:				
Name of Child:			Pronoun:	
Date of Birth:	Age:	School:		(him/her/they/other) _ Grade:
Address of Child:				
Siblings (names and ages):				
Received Bible from Hope U				
HEALTH INFORMATION:				
Allergies YES NO	If yes, expla	in		
Medications YES	NO If yes, ex	cplain		
Special Health Conditions	YES	_ NO If yes, explain		
IS THERE ANYTHING SPI	ECIAL WE NE	ED TO KNOW ABOU	JT YOUR CHILD?	
WHAT IS YOUR CHILD IN				
	,			
CHECK-IN AND CHECK-O	OUT AGREEMI	 ENT	_	
		Faith Formation throu	gh Sunday School)	
I will check my child i	in and out of F	lone LICC activities at	the designated time	

## **APPENDIX 8 – HOPE UCC – PAGE 2**

## **PHOTOGRAPH RELEASE AGREEMENT**

•	of Hope through photos and videos e/s. Images will <u>NOT</u> include name	in church newsletters, on the church es.		
I approve my child's imag	e being included in photos and vide	eos of Hope UCC activities.		
I do not want my child's i	mage included in photos or videos	of Hope UCC activities.		
AUTHORIZATION				
named above in the event of an such a situation arises. I also ac	st aid and emergency medical servi accident or injury, understanding t knowledge that I will be ultimately health insurance available to the ch	responsible for the cost of any		
I consent to the checked	agreements in this Registration For	rm.		
Parent/Guardian Name (print): _				
Parent/Guardian Signature:				
E-mail:				
Home Phone:	_ Cell Phone:	_ Work Phone:		
Name of Second Parent/Guardia	n print):			
Home Phone:	Cell Phone:	_ Work Phone:		
This Registration Form will be kept in a binder in the Hope UCC Office except during activities.				
** The Hope UCC SafeConduct <sup>*†</sup> website, www.hopechurchdc.org	Policy and Procedures document	can be found on the Hope UCC		