

My family are: Members Guests of _____

Family / Household Info

Email: _____ Primary Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Child(ren) / Youth

If you have more than four children in your household, please submit a 2nd form.

First Name: _____

Last Name: _____

Birthday: _____ Age: _____ Grade: _____ Sex: _____

School: _____

Allergies: _____

Special Needs: _____

(Youth) Email: _____

(Youth) Phone: _____ Hm Cell

Consent to text messages? Yes No Carrier: _____

First Name: _____

Last Name: _____

Birthday: _____ Age: _____ Grade: _____ Sex: _____

School: _____

Allergies: _____

Special Needs: _____

(Youth) Email: _____

(Youth) Phone: _____ Hm Cell

Consent to text messages? Yes No Carrier: _____

First Name: _____

Last Name: _____

Birthday: _____ Age: _____ Grade: _____ Sex: _____

School: _____

Allergies: _____

Special Needs: _____

(Youth) Email: _____

(Youth) Phone: _____ Hm Cell

Consent to text messages? Yes No Carrier: _____

First Name: _____

Last Name: _____

Birthday: _____ Age: _____ Grade: _____ Sex: _____

School: _____

Allergies: _____

Special Needs: _____

(Youth) Email: _____

(Youth) Phone: _____ Hm Cell

Consent to text messages? Yes No Carrier: _____

Parent(s) / Guardian(s)

If you have more than two adults in your household, please submit a 2nd form.

First Name: _____

Last Name: _____

Email: _____

Phone: _____ Hm Wk Cell

Consent to text messages? Yes No Carrier: _____

First Name: _____

Last Name: _____

Email: _____

Phone: _____ Hm Wk Cell

Consent to text messages? Yes No Carrier: _____

EMERGENCY CONTACT

Other than Parent/Guardian

First Name: _____

Last Name: _____

Relationship to Family: Grandparent Aunt Uncle
 Cousin Family Friend Other: _____

Phone(s): _____

Please email me info on...

- All Souls Church
- Children's Religious Exploration
- Unitarian Universalism
- Upcoming Events
- Becoming a Volunteer