

**Youth & Family Ministry**  
**Uniteen / Youth of Unity (YOU) Registration**

Unity Christ Church, 4000 Golden Valley Rd, Golden Valley, MN 55422 Phone 763-521-4793

**PLEASE PRINT**

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

Parent name \_\_\_\_\_ E-mail \_\_\_\_\_ Phone \_\_\_\_\_

Parent name \_\_\_\_\_ E-mail \_\_\_\_\_ Phone \_\_\_\_\_

Street address \_\_\_\_\_ Home phone \_\_\_\_\_

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

Photos from Y+FM classes and activities may be used on youth bulletin boards, and in our church bulletins, flyers, pamphlets and website. Do you approve the use of your child's image? Y / N

Parents: your support is greatly appreciated. Please note if you are willing to assist our youth w/any of the following:

\_\_\_\_ Pick up & deliver refreshments for youth events      \_\_\_\_ Assist with fundraising and service opportunities

\_\_\_\_ Provide transportation to youth rallies & events      \_\_\_\_ Serve on our Y+FM Events Team

\_\_\_\_ Serve as paperwork angel for your child's youth program (for registrations, permission slips, etc)

Youth #1

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

Nickname they prefer (if applicable) \_\_\_\_\_ Grade in 2011/ 2012 \_\_\_\_\_

Youth cell phone \_\_\_\_\_ Youth e-mail \_\_\_\_\_

Student lives with \_\_\_\_\_ Comes to Unity with \_\_\_\_\_

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

Any special needs? \_\_\_\_\_

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

Other religious experiences \_\_\_\_\_

School attending \_\_\_\_\_ Graduation year \_\_\_\_\_ Youth employed? Y / N

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

Anything else you want us to know about your child? \_\_\_\_\_

**SEE BACK SIDE**

Youth #2

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

Nickname they prefer (if applicable) \_\_\_\_\_ Grade in 2011/ 2012 \_\_\_\_\_

Youth cell phone \_\_\_\_\_ Youth e-mail \_\_\_\_\_

Student lives with \_\_\_\_\_ Comes to Unity with \_\_\_\_\_

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

Any special needs? \_\_\_\_\_

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

Other religious experiences \_\_\_\_\_

School attending \_\_\_\_\_ Graduation year \_\_\_\_\_ Youth employed? Y / N

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

Anything else you want us to know about your child? \_\_\_\_\_

Youth #3

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

Nickname they prefer (if applicable) \_\_\_\_\_ Grade in 2011/ 2012 \_\_\_\_\_

Youth cell phone \_\_\_\_\_ Youth e-mail \_\_\_\_\_

Student lives with \_\_\_\_\_ Comes to Unity with \_\_\_\_\_

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

Any special needs? \_\_\_\_\_

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

Other religious experiences \_\_\_\_\_

School attending \_\_\_\_\_ Graduation year \_\_\_\_\_ Youth employed? Y / N

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

Anything else you want us to know about your child? \_\_\_\_\_

A \$35 registration fee is requested for one child with a \$60 maximum fee per family per year. Your contributions are appreciated and help with the costs of materials, staff development, and guest artists. We thank you for all the ways you support the youth. Please return checks and enrollment forms to drop boxes in Garden Court and upper level entry foyer. You may also mail them to the attention of Nancy Maiello at Unity Christ Church, 4000 Golden Valley Rd, Golden Valley, MN 55422.

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