



Leaside United Church Child and Youth Program registration 2017-18

Child/youth name			
Child/youth Birth date			
Caregiver(s) Name(s)			
Caregiver(s) Email:			
Contact Numbers	Home: Cell:		
Address			
Allergies?			
Additional supports needed?			
Please circle all that apply Participating in Sunday Morning Program? Participating in Youth Group (L.U.C.Y) (grade 6 & up) Are you able to be a volunteer and or driver on occasion as needed? Interested in Youth Faith Exploration (13 yr old and up)	Yes Yes Yes Yes	No No No No	 Maybe

Thank you for taking time to fill this out. All information is for program purposes only.