

# UR Kids Registration Form



Date \_\_\_\_\_

We are:     Visiting                     Looking for a church home                     Consider UR our primary church home

Kid's Name	Age	Birthday	M / F	Grade in 2011	Allergies or other special concerns (i.e. allergic to peanuts, ADHD, asthma, potty training, etc.)

Parent / Guardian 1 Name \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Parent / Guardian 2 Name \_\_\_\_\_

*If different than above*

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

*\* Email provided will be used for UR Kids weekly and UR general communication*

Please mark this box if you **do not give** the Upper Room Community permission to use pictures or video of your son or daughter for promotional/communication purposes. Note: we will not list your child's name alongside his or her photo.

*Office use only:*    CCB \_\_\_\_\_    Parent 1 \_\_\_\_\_    Parent 2 \_\_\_\_\_    Child Group \_\_\_\_\_    Parent Group \_\_\_\_\_    Phone \_\_\_\_\_