

**The Faith Center Ministries**

5555 NW 95th Ave Sunrise, FL 33351 (954) 742-7832

**U-TURN MINISTRY MEMBER REGISTRATION**

Check all that apply (Programs and Activities)

**Sunday Mornings (1st & 3rd)**

\_\_\_\_\_ 10:00 am Children's Church (4 yrs.-12 yrs.)

**Wednesday Evenings 7:30 pm**

\_\_\_\_\_ 7:30 Faith Kidz  
(PK-5th Grade)

\_\_\_\_\_ **The chozEn GenErationN**

(Middle School) (High School) circle one



**CHILD'S INFORMATION**

Legal Name: \_\_\_\_\_  
(Last) (First) (MI)

Nickname: \_\_\_\_\_

Address: \_\_\_\_\_ Bldg. \_\_\_\_\_ Apt. # \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ M/F: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

School Attending: \_\_\_\_\_

Extracurricular activities: \_\_\_\_\_

Hobbies/Interest: \_\_\_\_\_

\_\_\_\_\_

Race: \_\_\_ White, Non-Hispanic \_\_\_ Black, Non-Hispanic \_\_\_ Hispanic \_\_\_ Asian \_\_\_

American Indian \_\_\_ Multicultural \_\_\_ Other \_\_\_\_\_

Brothers/Sisters (Name/Age) that are members of U-Turn: \_\_\_\_\_

\_\_\_\_\_

Does your child speak a language other than English? \_\_\_Yes \_\_\_No

If yes, language used: \_\_\_\_\_

**Child's Name:** \_\_\_\_\_

Are there any criminal offences/misdemeanors that we should be aware of? \_\_\_Yes \_\_\_No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

The Faith Center Ministries routinely photographs and video records events for use on our webpage, newsletters, etc."

The Faith Center Ministries has my permission to photograph and video my child/family for use as promotions or communication. \_\_\_ Yes \_\_\_ No

Print Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

### **MEDICAL INFORMATION**

Medical Conditions: \_\_\_\_\_

Medication Child is taking: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone No: \_\_\_\_\_

May the church call another physician if unable to contact the above? \_\_\_\_\_

Allergies: \_\_\_Yes \_\_\_ No If yes, please list: \_\_\_\_\_

Dietary Restrictions: \_\_\_\_\_  
\_\_\_\_\_

Does your child have any problems, which would affect his/her participation in U-Turn? \_\_\_Yes \_\_\_No

If yes, please explain: \_\_\_\_\_

**EMERGENCY:** In case of an emergency, 911 will be called and the child will be taken to the nearest hospital if deemed necessary.

Emergency Contact Number (If parent/guardian cannot be reached):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Child's Name:** \_\_\_\_\_

I, the undersigned parent or guardian, do hereby authorize emergency medical care to be rendered to my child upon consent of The Faith Center Ministries staff member or designated volunteer. The purpose of this authorization is to permit my child to receive emergency medical attention when needed.

Parent/Guardian Signature: \_\_\_\_\_

**AUTHORIZATION FOR PICK-UP**

Please list below all individuals (other than parents) who are authorized to pick up your child/children. A photo I.D. will be required for these individuals to pick up your child.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Person(s) NOT authorized to pick up your child:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Child's Name:** \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

Father/Guardian Name: \_\_\_\_\_  
(Last) (First) (MI)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Place of Business: \_\_\_\_\_ Occupation: \_\_\_\_\_

E-mail: \_\_\_\_\_

Mother/Guardian Name: \_\_\_\_\_  
(Last) (First) (MI)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Place of Business: \_\_\_\_\_ Occupation: \_\_\_\_\_

E-mail: \_\_\_\_\_

Marital Status of Parents: \_\_\_Married \_\_\_Divorced \_\_\_Separated \_\_\_Widowed \_\_\_Other

Child Lives With: \_\_\_Both Parents \_\_Mother \_\_Father \_\_Legal Guardian \_\_Other (Explain)

---

If not a member of The Faith Center Ministries, what church are you a member of?

---

Name of Church

City

State

The information provided in this registration form is correct and complete to the best of my knowledge. I will notify the U-Turn Youth Ministries in the event of any change to the information provided in this form.

---

Parent/Guardian

Date

---

Parent/Guardian

Date

For office use only:

Date form reviewed: \_\_\_\_\_ Reviewed by whom: \_\_\_\_\_