



Youth & Family Ministries



Welcome !

PLEASE PRINT for our accuracy

Today's Date: _____

Student's Last name _____ First name _____ Age _____

Birth date: _____ Grade _____ Gender: M F

Address _____

City _____ State _____ Zip _____

Mother: _____ E-mail _____@_____

Cell PH: (_____) _____ - _____ Is mother new to Unity: Yes No

Father: _____ E-mail _____@_____

Cell PH: (_____) _____ - _____ Is father new to Unity: Yes No

Student lives with: _____

Contact information if different than above: _____

Comes to Unity with _____ PH number (_____) _____ - _____

Medical conditions or special needs: *(please include allergies of any kind, medications, or special concerns).*

Parent/Guardian Signature _____ Relationship _____

Photo-Video-Media Release (optional):

I hereby consent to having my child interviewed, photographed, recorded on audio tape or video tape, ONLY by a staff member of Unity of Naples Church for the reporting of programs and events taking place on our church campus, with full knowledge that the end product may appear in print publications, in promotional videos for the church or in our web site. The end product may also be used for instructional purposes and/or public information. I understand that my child named above, may be depicted and or identified in one or more of these media releases. I release Unity of Naples Church and any member of the staff from any responsibility or recourse for the use of interviews, videotapes, sound recordings or other images either created by my child or others.

Parent/Guardian Signature _____ Relationship _____

A reminder:

Children must be picked up on the platform in the Sanctuary *immediately after the service* by the same person that brought them in. **Thank You for helping us keep our children safe and happy!**

Elizabeth Smith Youth & Family Ministry Director