



ST. PAUL'S UNITED CHURCH

4 Morrison Avenue, Sussex, N.B. E4E 1P5

Phone: 506 432-1114 Email: stpaulsunitedsussex@rogers.com

Minister: Rev. Jennifer Brown ministerstpaulsucc@gmail.com 612-0543 or 756-3340

Church Family Ministry Team – Coleen Corbett, Lisa Folkins, Shari Brenan

Office Hours – Tuesday – Thursday 9:30 – 3:00

2025-2026 Program Registration

Participant's Name		Preferred Pronoun		Birthdate (DD/MM/YY)	
Mailing Address		Primary Phone #		Alternate Phone #	
		Email			
Parent(s) / Guardian		Participant Phone #		Participant Email	
Sibling(s)				Age(s)	
Alternate Authorized for Pickup or in Case of Emergency		Relationship		Participant's Grade	
Medical Condition(s) / Allergies		Medication(s) Needed			
Dietary Concerns					
Medicare #	Medicare Expiry	Family Doctor	Doctor Phone #		
<p>The contact information provided on this registration form is used by the Church Family Ministry Team for notices, and will be included in your personal contact information on file with St. Paul's United Church.</p> <p>Do you give consent for your information to be added to the church email distribution list to receive announcements and notices from St. Paul's United Church?</p> <p>YES _____ NO _____</p>					
*Continued on page two, please sign and date the consent forms.					
I consent to my child's / youth's picture being taken for the purpose of activities related to St. Paul's United Church such as youth room activities and in-church displays.					

YES _____ NO _____		
I consent to my child's / youth's picture/video being taken for use on St. Paul's Facebook page, and other social media, provided no identifying information such as names are included with the photo.		
YES _____ NO _____		
I consent to my child / youth participating in activities outside of the church in connection with the Program. This may involve activities held at off-site and/or other churches, and other parents or leaders may be involved, including driving Youth.		
YES _____ NO _____		
I give permission for my child / youth to be taken to the hospital in case of an emergency, and consent for emergency treatment until the time of my arrival at the hospital. I understand that every effort will be made to contact me in the event that such an emergency takes place.		
YES _____ NO _____		
I consent for leaders to contact my child / youth via text message and / or any social media for related events/activities / and or outreach.		
YES _____ NO _____		
Parent / Guardian (print legibly)	Signature	
Date:		
Additional Information to Leaders		
I/we can help out in ways indicated below:		
**The church family ministry team would like to remind all parents/guardians that our services are recorded on Facebook		