

**First Congregational Church
UNITED CHURCH of Christ of Anoka**



2015-16 Youth Covenant

Sunday School Youth Group Vacation Bible School (please circle activities)

As a participant in youth programs at First Congregational UCC, I understand and agree to follow the expectations listed so that the best learning environment is possible for all participants.

- I will participate fully in discussions (through active listening and/or speaking) and activities.
- I will respect all people, including myself, choosing to treat others as I would like to be treated.
- I will listen to the leaders, teachers and volunteers.
- I will use my words to build others up or I will choose to be quiet.
- I will not bring harm to myself or others, and I will maintain self-control to uphold a safe environment.
- I may invite friends to accompany me, and I will share these guidelines with them so all feel welcome and accepted.
- I will be respectful of the facility where this activity is being held. I will use my inside voice in the classroom and worship space.
- I will respect the teachers and group with my attendance as regularly as possible.

I understand that if I choose to break this covenant, my parent/guardian will be contacted. I will take responsibility for my actions.

Child/Youth Signature: _____ Date: _____

I have read this covenant and enter into it with my child. I will encourage my child to abide by it. I understand that I will be contacted if my child chooses to break this covenant.

Parent/Guardian Signature: _____ Date: _____

I WOULD LOVE TO VOLUNTEER TO HELP WITH THE YOUTH PROGRAMS IN THE CHURCH! (Please circle)

Sunday School: pre-school K-2 3-5 Middle School Youth Group: Grades 6-12

Name: _____ Phone: _____

Email: _____

If you have questions about our youth programs, please feel free to contact:
Theresa Meyer at tmeyer@tpt.org OR Leanne Patchen at leanne31@comcast.net
Coordinators of Children's Ministries.

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2015-2016 Sunday School Enrollment Form

Child's name: _____

Address: _____ City _____ Zip _____

Parent/Guardian name(s): _____

Phone (home) _____ Phone (cell) _____

Email: _____

Grade in fall of 2015 (please circle): Preschool K 1 2 3 4 5 6 7 8 High School

Child's birth date: _____ Gender M F T

Child's allergies (food or others): _____

Siblings (names and ages): _____

My child may leave the church with the following people (name & relationship): _____

EYES ONLY: Coordinators of Children's Ministries, Teacher, Faith Community Nurse – These persons will maintain confidentiality with the following information.

Additional information helpful for teachers and staff to protect your child's safety and well-being:
Known behavioral, medical, mental, physical, or special needs (please state known "triggers")

If concerns arise regarding your child's behavior, what "action" would you like staff to try before asking for your assistance? _____

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2015-2016 Photo Release Form

Please circle YES or NO for the following statements:

YES / NO My child's photo can be used for the Vacation Bible School photo album.

YES / NO My child's photo can be used on the church's website.

YES / NO My child's photo can be used on the church's FaceBook page (First Congregational UCC)

Print minor's name and your relationship: _____

Parent/Guardian Signature: _____ Date: _____

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