



2018-2019 YOUTH MINISTRIES REGISTRATION FORM

FAMILY INFORMATION

Parent/Guardian Name(s) _____

Address (street/city/zip) _____

Home Phone _____ Dad Cell Phone _____ Mom Cell Phone _____

Please (*) the best phone number in the case of an emergency.

Preferred Email Address: _____

Are both parents living at home? Y or N If no, who has legal custody? _____

If the person who regularly brings the child to Youth is different than above, please list below:

I give permission for my youth to attend youth group and participate fully in its on-campus activities.

Parent/Guardian Signature: _____

YOUTH INFORMATION (6th Grade – 12th Grade)

Name _____

Birthdate (mm/dd/yy) _____ Grade _____ School Attending _____

Youth Cell _____ Youth E-mail _____

Special Needs (*medical concerns, allergies, other issues*) _____

Confirmation Middle School Youth Group High School Youth Group

Name _____

Birthdate (mm/dd/yy) _____ Grade _____ School Attending _____

Youth Cell _____ Youth E-mail _____

Special Needs (*medical concerns, allergies, other issues*) _____

Confirmation Middle School Youth Group High School Youth Group

Name _____

Birthdate (mm/dd/yy) _____ Grade _____ School Attending _____

Youth Cell _____ Youth E-mail _____

Special Needs (*medical concerns, allergies, other issues*) _____

Confirmation Middle School Youth Group High School Youth Group