

YOUTH REGISTRATION FORM SUNDAY SCHOOL, MUSIC, UMYF

Age _____ Date of Birth _____ Grade _____

Participant's Full Name _____ Nickname _____

Address, if different from Parent Registration Form:

Youth Cell Phone _____

Youth E-mail, if checked regularly _____

School Attending _____

Others Living in Participant's Home:

Name	Relationship	Age (of siblings)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you been baptized? Y or N Date _____ Church _____

Allergies? Y or N If yes please describe _____

Medications? Y or N If yes please describe _____

Please REGISTER me in:

SUNDAY SCHOOL (9:00 AM):

_____ Middle School

_____ Confirmation (8th grade and above)

_____ Senior High

YOUTH FELLOWSHIP _____ 6TH – 12th grade

ALLELUIA SINGERS _____ 6TH – 12th grade

CELEBRATION RINGERS _____ (Music readers and/or ringing experience)

May we have permission to send you a text message _____ yes _____ no

Anything else we should know? _____

Parent Signature _____

Youth Signature _____

Date _____