

St. Francisville UMC Youth Registration Form

PERSONAL INFORMATION

Full Name (first, middle, last): _____

Preferred Name: _____

Gender: _____ Birthday: _____

School: _____ Grade: _____

Hobbies, Extra Curriculars (Athletics, Band, etc.), Special Talents: _____

Own a Bible? (Y/N) T-Shirt Size: _____ Adult _____ Youth

Baptized? (Y/N) If yes, give date/place: _____

YOUTH CONTACT INFORMATION

Mailing Address: _____

Physical Address: _____

Home Phone: _____ Cell Phone: _____ Carrier: _____

Do you Receive Text Messages (Y/N)

Email: _____

PARENTS CONTACT INFORMATION

Father's Name: _____

Mailing Address (if different from Youth) _____

Home Phone (if different from Youth) _____

Place of Work: _____

Work Phone: _____ Cell Phone: _____ Carrier: _____

Do you Receive Text Messages (Y/N)

Email: _____

Mother's Name: _____

Mailing Address (if different from Youth) _____

Home Phone (if different from Youth) _____

Place of Work: _____

Work Phone: _____ Cell Phone: _____ Carrier: _____

Do you Receive Text Messages (Y/N)

Email: _____

EMERGENCY CONTACT INFORMATION (ADULT OTHER THAN PARENTS)

Name: _____

Relationship: _____

Phone Numbers: _____

ALLERGIES OR HEALTH ISSUES

Other information you think we should know (please include any learning issues or emotional issues your youth may have) _____
