

REGISTRATION FORM
YOUTH
SUNDAY SCHOOL & YOUTH FELLOWSHIP
2011/2012 Year

Age _____ Date of Birth _____ Grade _____

Participant's Full Name _____ Nickname _____

Address _____

Phone _____ Cell Phone/ Provider _____

E-mail (participants or parents) _____

School Attending _____

Father's Name _____ Phone _____ Cell Phone _____

Address _____ WkPhone _____

Mother's Name _____ Phone _____ Cell Phone _____

Address _____ Wk Phone _____

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 MORNING OPPORTUNITIES
SUNDAY SCHOOL (9:45)

_____ Middle School (6th & 7th)

_____ Confirmation (8th grade and above)

_____ Senior High (9th – 12th)

YOUTH FELLOWSHIP

_____ 6TH – 12th
(OVER PLEASE)

May we have your permission to take your photograph or video with/without voice to be used in a Towson UMC presentation or publication? ____ yes ____no

May we have your permission to send you a text message ____ yes ____no

Do you have any concerns we should be aware of?

YOUTH SIGNATURE _____

Date _____