

YOUTH SUNDAY SCHOOL REGISTRATION FORM

2009/2010 School Year

Age _____ Date of Birth _____

Grade _____

Participant's Full Name _____ Nickname _____

Address _____

Phone _____ E-mail (participants or parents) _____

School Attending _____ Date of Baptism _____

Father's Name _____ Phone _____

Address _____ Wk Phone _____

Mother's Name _____ Phone _____

Address _____ Wk Phone _____

Others Living in Participant's Home:

Name	Relationship	Age (of siblings)

Allergies? Y or N

If yes please describe _____

Medications? Y or N

If yes please describe _____

May we have your permission to take your youth's photograph or video with/without voice to be used in a Towson UMC presentation or publication? ____ yes ____ no

PARENT/GUARDIAN'S SIGNATURE _____

Date _____