



# St. John's Episcopal Church

## 2019-2020 Youth Registration



### Form

*This registration form is for youth entering grades 7-12. Please complete one form per person.*

Youth Name \_\_\_\_\_ Nickname \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age in September 2019 \_\_\_\_\_

Grade in September 2019 \_\_\_\_\_ School \_\_\_\_\_

Student Email address and Student Cell Phone number  
\_\_\_\_\_

Names of Parents/Guardians \_\_\_\_\_

Address \_\_\_\_\_

Home/Land line Phone \_\_\_\_\_ Parents E-mail address \_\_\_\_\_

Parent/Guardian #1 Name and Cell Phone \_\_\_\_\_

Parent/Guardian #2 Name and Cell Phone \_\_\_\_\_

***We welcome all youth in grades 7-12 to participate in the programs created for Youth***

*We are new to St. John's Episcopal Church. I would like a Church School Teacher to call me at \_*

Please list any allergies your son or daughter has

\_\_\_\_\_

My son or daughter is interested in

Serving as a greeter, acolyte, or lay reader

Singing with a Choir

I am able to help with

Meals

Transportation

Other \_\_\_\_\_

I give permission for medical treatment for my child in case of accident or illness if a parent or guardian cannot be located or an emergency should arise.

**Signature of Parent or Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

I give permission for my child, \_\_\_\_\_, to have his/her photo on the St. John's website, Facebook pages, e-mailed bulletins (the e-Prophet), or newsletters.

**Signature of Parent or Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_