St. John's Youth Group

Registration Form

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225-673-8307

PERSONAL INFO

Name: _____ _____
First Last

Birthday:_____/_____/_____ Grade: _____

Parent/Guardian: _____

_____

CONTACT INFO

Mailing Address: _____ _____ _____
Street City Zip

Phone: _____ (home)

_____(parent cell)

_____(youth cell)

Check if texting Permitted: _____ (parent) _____ (youth)

Email:_____ _____
Parent Youth

Facebook: _____ _____
Parent Youth

Check Off Areas of Interests

___ Youth Nights	___ Campus Movie Night	___ Conferences
___ 5-8th Grade Dances	___ Social Outreach	___ Bible Study
___ Lock In's	___ Off-site Activities	___ Horse Ministry

Suggestions/Comments/Health Issues…Willing to be an Adult Volunteer

_____

_____

_____

I ____(do) _____(do not) agree that my child's name, picture or remarks may be used for public relations in the church bulletin, christian formation and on St. John's Youth website(s).

_____
Parent Signature Date