



# St. David's Episcopal Church Youth Ministry Registration Form

Name/Nickname: \_\_\_\_\_

Birthdate: \_\_\_\_\_ School Grade (2021-2022): \_\_\_\_\_

Parent Names: \_\_\_\_\_

Parent 1 Cell Phone and Email: \_\_\_\_\_

Parent 2 Cell Phone and Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Allergies: \_\_\_\_\_

I participate in these school activities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I participate in these other activities outside of school:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My favorite thing(s) to do in my free time is/are:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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My (short-term and long-term) goals include:

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Service opportunities I would like to participate in include:

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I would like to learn and/or do the following in my church youth group:

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For parents -- check all that apply:

- I would like information about baptism.
- I would like information about confirmation.
- I would like information about membership at St. David's.
- I/we would like to help (e.g. chaperones, drivers, mentors, snacks, lesson prep).
- I/we would like my child's image excluded from use on at St. David's emails, brochures, website, Facebook and other social media.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_