



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

Name/Nickname: _____

Birthdate: _____ School Grade (2022-2023): _____

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:



St. David's Episcopal Church Youth Ministry Registration Form

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

Service opportunities I would like to participate in include:

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

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: _____