



Ste Genny's



YOUTH



Youth Group Registration

Year 2010-2011

Name: _____
 Birth date: _____ Age: _____
 Baptism date: (if applicable) _____ School Grade: _____
 Mother's name: _____
 Father's name: _____
 Address: _____
 Postal Code: _____ Phone: _____
 Family email address: _____
 Youth email address: _____
 Youth's special interests and activities: _____

Any Allergies? _____
 Sibling attending church school? _____
 Names/Ages: _____

Emergency contact: _____ Phone: _____
 _____ Phone: _____

If church school is in need of help in the following area, give me a call:

Driving	An extra pair of hands if someone is away
Telephoning	Prayer support
Donate Supplies	My suggestion _____
Shop for supplies	_____
Food for special occasions	Sorry, I am unable to help at this time

Is there any other information that would assist us in working with your youth? (If necessary please reverse side of this paper.)

Photo release year 2010-2011 I give permission for SG Youth group to use my son/daughter's photo in brochures and newsletters.

Yes

No

Parent name: _____ Signature: _____ Date: _____

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