

Church of the Good Shepherd Youth Group Registration Form

Registrant

Name: _____ Nickname: _____

Address: _____
 Street *City* *Zip*

email: _____

cell phone: _____ home phone: _____

Best way to send updates: _____ email _____ text _____ home phone

Date of birth: _____

Grade entering on Sep 2014: _____

School attending: _____

Parent Info

Parent/guardian: _____ Relationship: _____

Address (if different from above): _____

Home phone: _____ Cell phone: _____

Email: _____

Best way to send updates: _____ email _____ text _____ home phone

Emergency Information

Primary contact: _____ Phone: _____
(a parent or guardian is expected to be available while youth group is in session)

Secondary contact: _____ Phone: _____

Health & Other

Allergies: _____

Any health concerns: _____

I authorize sharing of my child's photo on the church website or Facebook page: _____ Yes _____ No

Other comments or suggestions: _____

Signature: _____

OFFICE USE:	\$75.00 per child \$100 per family Tuition Assistance
PAYMENT AMOUNT: _____	CHECK #: _____ DATE: _____