

Youth Registration (Grades 6-8) Form

Classes begin September 8th

Parents: Use this form to register one or more child for the Middle School Class. Please begin by providing YOUR OWN information and then answer the questions regarding each child.
Thank You!

Parent's Name: _____

Address: _____

Contact Phone Number: _____

Home Phone Number _____ Cell Phone Number: _____

Parent's E-Mail Address: _____

For each learner, please enter his/her name, school grade and birthdate:

Pastor Norma, Kevin Allen or other adult youth leaders will be contacting students informing them of upcoming activities. Parents will receive a copy of all e-mails.

At your discretion, provide each learner's e-mail address and mobile phone number:

Students will be using their own Bibles. We will provide Bibles to those learners who do not have their own. Please list all learners who will need their own Bible.

(over)

Does your child have allergies or any other special needs? Please describe. If none, please write none.

What are your expectations for your child in terms of learning, service, their life in the church and other parts of discipleship?

What ways can you help out? Check all that apply

- Mentoring Service Projects Taking Pictures Making Videos
- Bringing Snacks Teaching Sharing a skill/passion Describe: _____
- Chaperoning Lock-Ins, Drop-In and other events Other: _____

Please indicate your availability:

- Monday day Monday evening Thursday day Thursday evening
- Tuesday day Tuesday evening Friday day Friday evening
- Wednesday day Wednesday evening Saturday day Saturday evening
- Sunday day Sunday evening

Do you have other questions, comments or concerns?

Please bring this completed form with you on September 8th or mail it to the church office:
499 Plaza Drive, Vestal, NY 13850