

**ST DAVID'S EPISCOPAL CHURCH**  
**YOUTH MINISTRY REGISTRATION FOR**  
**Middle or High School Students**

(PLEASE PRINT)

FAMILY NAME \_\_\_\_\_

CHILD'S LAST NAME, IF DIFFERENT \_\_\_\_\_

BEST EMAIL \_\_\_\_\_

YEAR CHILD GRADUATES FROM HIGH SCHOOL \_\_\_\_\_

CHILD'S FIRST NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

CHILD'S EMAIL (if applicable) \_\_\_\_\_

PHONE NUMBERS:

Youth Cell number (if applicable) \_\_\_\_\_

Text available? Yes \_\_\_\_\_ No \_\_\_\_\_

Primary Parent (Home) \_\_\_\_\_ (Work/Cell) \_\_\_\_\_

Other Parent (Home) \_\_\_\_\_ (Work/Cell) \_\_\_\_\_

SCHOOL ATTENDING \_\_\_\_\_ GRADE \_\_\_\_\_

Primary Parent First Name \_\_\_\_\_

Secondary Parent First Name \_\_\_\_\_

If child has special needs (learning disability, handicaps, allergies), please indicate.

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

Who should be notified in case of emergency if a parent cannot be reached?

Name \_\_\_\_\_

Phone \_\_\_\_\_ (Days) \_\_\_\_\_ (Evenings)

Signature of parent/guardian \_\_\_\_\_

Phone Number \_\_\_\_\_ Date \_\_\_\_\_

COMMENTS: \_\_\_\_\_

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

