



PARENT INFORMATION: PLEASE PRINT

List Names of All Youth in Family: (7-12 Grades)	
Mother/Father/Guardian's Name:	
Address: (street,)	
Address: (city, state, zip)	Home Phone #:
Mother/Guardian Email:	
Father/Guardian Email:	
Mother/Guardian Cell Phone:	
Father/Guardian Cell Phone:	
Emergency Contact: (other than parent)	Relationship:
Phone #:	

PARENT INFORMATION: PLEASE CHECK ALL THAT APPLY

<input type="checkbox"/>	Be a driver for off-site events	<input type="checkbox"/>	Help plan and coordinate an event
<input type="checkbox"/>	Cook a dinner for Sunday night	<input type="checkbox"/>	Be a guest speaker or offer testimony
<input type="checkbox"/>	Be a prayer partner for our youth program	<input type="checkbox"/>	Help lead on most Sunday nights
<input type="checkbox"/>	Make phone calls to invite students to an event	<input type="checkbox"/>	I am interested in learning about the Youth Ministry Council
<input type="checkbox"/>	Be on planning team for an event or for Sunday Night Youth Group series		
<input type="checkbox"/>	Other gifts or offerings		

PERMISSION FOR USE OF PHOTOS (please check one box and sign below)

I give permission for my child's photo to be used in publicity materials that promote the ministry of St. Stephen's UMC (i.e. newsletters, website, flyers, etc.). Please note, names are never published with photos.

I prefer that my child's photo **NOT** be used for any publication purposes.

(parent signature)

(date)

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