



St. Stephen's United Methodist Church Youth Ministries

STUDENT REGISTRATION 2016-2017

PLEASE PRINT

Name			
Address: (street, city, state, zip)			
Home Phone #:			
Cell #:	Can you receive texts? Y or N		
Email: «email»			
Gender:	Birthday:	School:	
M or F	(mm/dd/yyyy)		
Current Grade	Grad Year	Baptized?	Date
(optional) (Y or N)			
T-Shirt Size	Allergies:		
(Adult S, M, L, XL, XXL)			

INFORMATION ON YOUR PARENTS –PLEASE COMPLETE

Mother and Father/Guardian's Name:
Mother/Guardian Email:
Father/Guardian Email:
Mother/Guardian Cell Phone:
Father/Guardian Cell Phone:

Office Use Only: MT ____ Attendance Sheet ____