



# CALVARY YOUTH GROUP & SUNDAY SCHOOL REGISTRATION FORM

PLEASE SUBMIT ONE FORM PER YOUTH



Youth's Name _____		Youth's Age _____	
Grade _____	School Name _____	Birth Date ____/____/____	
Parent/Guardian Name(s) _____			
Home Phone ( ) _____	Cell Phone ( ) _____	Youth Cell Phone ( ) _____	
Parent/Guardian E-mail Address _____			
Youth E-mail Address _____			
Mailing Address _____			
City _____		State _____	Zip _____
Emergency Contacts / Individuals Authorized to pick up youth from Youth Group and/or Sunday School			
Name _____		Relationship _____	Contact Number _____
_____		_____	_____
_____		_____	_____
Food Allergies Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, please list: _____	
Medical Concerns Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, please explain: _____	
Where Parent/Guardian can be found during Youth Group/Sunday School or number where you can be reached in case of emergency, etc.:          			

## PLEASE READ CAREFULLY

- ☐ I give permission for my youth to participate in Calvary's Youth Group and/or Sunday School.
- ☐ I give permission for still or video pictures of my youth to be taken and used for church promotional purposes.
- ☐ I give permission for photos of my youth to be placed on Calvary UMC websites and Social Media pages in a Youth Group, Sunday School, or church context.
- ☐ I give permission for youth workers of Calvary to communicate with my student via text messaging, email, phone, social media, and all forms of electronic media in accordance with the Calvary UMC Youth Worker Texting and Electronic Communications Covenant (*a copy of this policy is available upon request to the church office*).

Parent/Guardian Signature \_\_\_\_\_

Parent/Guardian Name (please print) \_\_\_\_\_

Date \_\_\_\_\_



IF NOTHING ON THE FRONT OF THIS FORM HAS CHANGED, A PARENT/GUARDIAN CAN FILL OUT AND INITIAL BELOW INSTEAD OF COMPLETING A BRAND NEW FORM.

School Year	Grade	Parent/Guardian Initials	Date

