



Youth/Children Registration Form

(one form per family)

<u>Name</u>	<u>Age</u>	<u>Gender</u>	<u>Grade</u>
1. _____			
2. _____			
3. _____			
4. _____			

Parent/Guardian name: _____

Street address: _____

City: _____ State: _____ ZIP: _____

Cellphone # : _____ Other #: _____

Email address: _____

In case of emergency, contact:

Name: _____ Phone# _____

List any known allergies _____

* Parents/Guardians of all youth participating in PLM Youth Ministry must be accompanied to/from the classroom by an adult!

Please list name, phone and relation of individuals whom you give consent to pick up your child/ren.

1. _____

2. _____

3. _____

Thank you for your cooperation concerning this matter!