



Youth Group Family Information & Registration Form

Child First/Last Name: _____

Birth Date _____ Grade _____

Child First/Last Name: _____

Birth Date _____ Grade _____

Child First/Last Name: _____

Birth Date _____ Grade _____

(more space on back if needed)

PARENT/GUARDIAN INFORMATION:

Name/Relationship to child: _____

Name/Relationship to child: _____

Mailing Address: _____

City/State/Zip: _____

Home Phone: _____ Cell _____ Work _____

Email address: _____

Contact information in case of emergency (if parent cannot be reached):

Name/Phone _____

Allergies, physical limitations, medications, etc., that we should be aware of:

Please note that parents must come into the church to pick up your child after youth group. We will not allow your child to leave with anyone else without specific permission from parents.

Name/relationship and phone number of adult you allow to pick up your child in your absence

PLEASE RETURN FORM AS SOON AS POSSIBLE, EITHER DROP IT OFF, SEND IT WITH YOUR CHILD, OR MAIL IT! Thanks!

Child First/Last Name: _____

Birth Date _____ Grade _____

Child First/Last Name: _____

Birth Date _____ Grade _____

Child First/Last Name: _____

Birth Date _____ Grade _____

We, the parent/guardian of _____, understand that photos, pictures, drawings, writings or other projects of the MW Community Church Youth Group students could be used for publication by any or all forms of media including internet based publishing, such as the MW Community Church website. It is further understood that the work will appear with a copyright notice if web-published that will prohibit the copying of such work without express written permission. If a request for permission is received, the request will be forwarded to me, the parent/guardian.

____ Yes, we grant permission for such publishing as described above.

____ No, we do not grant permission.

Parent/Guardian signature: _____

Date: _____

Parent/Guardian signature: _____

Date: _____
