

Youth Fellowship Parent Information

Thanks for *printing* clearly

Parent Name: _____

Address: _____

PO Box: _____ **City:** _____

Email: _____

Home Phone: _____ **Cell:** _____

Work Phone: _____

If another parent lives at a different address, please provide address, home, cell and work phone numbers, if they may be a secondary contact:

Your student's name: _____

Grade in School: _____ **Birthdate:** _____

Student's cell phone: _____

Student's email address: _____

Allergies: _____

Special Needs: _____

Youth Group involves the community...we need your help. Please check where you would like to volunteer & Caren will contact you:

___ **chaperone/drive when there are outside events**

___ **help with fund raisers**

___ **make phone calls, help with mailings, etc.**

___ **I have an awesome talent/pool/ideas, that I would love to share with the kids:** _____

I give my son/daughter permission to participate with two youth leaders for the individual relational building opportunity. ___yes ___ no. If Wednesday evening is not good, a good day and time for my child is: _____

I understand that these opportunities may be off church premises and that I will be notified ahead of time where and with whom my child will be present.

My child will only be participating in the once a month group events: _____

These are activities that my child enjoys: _____

I would be happy to have 2 youth leaders bring pizza and come to our home for dinner one evening: ___yes ___no

My child would be interested in Winter Retreat and/or Mission Trip: ___yes ___no

Signature: _____ **Date:** _____

