

Parent/Guardian Information Form
Saint Paul's United Methodist church
2016-2017

Youth Name: _____ Birthdate: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

School: _____ Grade: _____

(1) Parent/Guardian Name: _____ Relationship to Youth: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____

Work Place: _____ Work Phone: _____ (Ext. _____)

Home Email: _____ @ _____

Work Email: _____ @ _____

Preferred Contact Method(s): Home Phone Cell Phone Work Phone Work Email Home Email

(2) Parent/Guardian Name: _____ Relationship to Youth: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____

Work Place: _____ Work Phone: _____ (Ext. _____)

Home Email: _____ @ _____

Work Email: _____ @ _____

Preferred Contact Method(s): Home Phone Cell Phone Work Phone Work Email Home Email

Please mark area(s) below in which you are interested in participating:

- Chaperoning Trips and Events
- Providing Transportation (Do you have a CDL?)
- Prepare Meals (Snack Supper) on Sunday Nights
- Adult Leader/ Teacher during Sunday Mornings, Sunday Nights, or during the week
- Fundraising
- Anywhere Needed
- Other _____

Do you have any gifts/talents or resources you would be willing to share with the youth ministry?
(Example: pool, karaoke machine, games, etc.)

If there is any additional information you feel the Youth Director and/or the Adult Leaders need to know about your youth, please utilize the space below.

I understand it will be necessary for the staff and adult volunteer team of Saint Paul's United Methodist Church Youth Ministry to transport my son/daughter to various functions and activities throughout the year. My signature below acknowledges my permission for my son/daughter to be transported by a licensed adult (25 years or older) via church bus or other means of transportation when deemed necessary.

Parent/Guardian Signature