

**ST. MARK'S CHILDREN, YOUTH, AND FAMILY
FALL 2021-22 REGISTRATION FORM**

This year, you are able to register your students of all ages on one form.

Please be sure to complete the entire form and provide all requested information.

Using this form: Select SAVE AS and save the form to your computer under a different name (ie. CYF reg_Johnson). Complete the appropriate fields and save. Attach and email the completed form.

Wednesday Church School (3 years old–6th grade)—Wednesdays at 6:00

Confirmation (7th–8th grade)—Wednesdays at 6:00 pm

High School Youth Group (9th–12th grade)—Wednesdays at 6:00 pm

FAMILY INFORMATION

Parent/Guardian	
Name	Cell Phone
Address	
Email	

Parent/Guardian	
Name	Cell Phone
Address	
Email	

Emergency Contact (If parent/guardian is not available)	
Name	Cell Phone
Relationship to student	

STUDENT INFORMATION

You can register up to 4 students on this form. If you need to register additional students, please attach an additional form.

Student #1		
Full name	Date of Birth	
Address (if different from above)		
School district	Current grade	Graduation Year
Registering for: <input type="checkbox"/> Wednesday Church School <input type="checkbox"/> Confirmation <input type="checkbox"/> Youth Group		
If age appropriate: Cell phone:	email:	
Please include any additional information, such as allergies, physical/learning/social challenges that you feel would help us in providing the best experience for your student.		

Student #2		
Full name		Date of Birth
Address (if different from above)		
School district	Current grade	Graduation Year
Registering for: <input type="checkbox"/> Wednesday Church School <input type="checkbox"/> Confirmation <input type="checkbox"/> Youth Group		
If age appropriate: Cell phone:		email:
Please include any additional information, such as allergies, physical/learning/social challenges that you feel would help us in providing the best experience for your student.		

Student #3		
Full name		Date of Birth
Address (if different from above)		
School district	Current grade	Graduation Year
Registering for: <input type="checkbox"/> Wednesday Church School <input type="checkbox"/> Confirmation <input type="checkbox"/> Youth Group		
If age appropriate: Cell phone:		email:
Please include any additional information, such as allergies, physical/learning/social challenges that you feel would help us in providing the best experience for your student.		

Student #4		
Full name		Date of Birth
Address (if different from above)		
School district	Current grade	Graduation Year
Registering for: <input type="checkbox"/> Wednesday Church School <input type="checkbox"/> Confirmation <input type="checkbox"/> Youth Group		
If age appropriate: Cell phone:		email:
Please include any additional information, such as allergies, physical/learning/social challenges that you feel would help us in providing the best experience for your student.		

Thank you!

The completed form can be emailed to prdavidb@stmarks-nsp.org or printed and dropped off in the church office.