



St. James by-the-Sea Episcopal Church

Youth Ministries 2016

Youth Registration Form

Youth's Name \_\_\_\_\_

Birth Date \_\_\_\_\_ Current Grade in School \_\_\_\_\_

School Attending \_\_\_\_\_

Youth's Email Address \_\_\_\_\_ Youth's Phone Number \_\_\_\_\_

Date of Baptism (if applicable) \_\_\_\_\_ Date of Confirmation (if applicable) \_\_\_\_\_

Mother's Name \_\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Father's Name \_\_\_\_\_

Address (if different) \_\_\_\_\_

Email Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Youth's Interests and activities: \_\_\_\_\_

Does your youth have allergies or any other medical conditions of which we must be aware?      YES      NO

If yes, please explain (and suggest safe/appropriate snacks, if applicable)

\_\_\_\_\_  
\_\_\_\_\_

Please list additional siblings in Youth Group (only one Registration Form needed per family)

Youth's Name \_\_\_\_\_

Birth Date \_\_\_\_\_ Current Grade in School \_\_\_\_\_

School Attending \_\_\_\_\_

Youth's Email Address \_\_\_\_\_ Youth's Phone Number \_\_\_\_\_

Date of Baptism (if applicable) \_\_\_\_\_ Date of Confirmation (if applicable) \_\_\_\_\_

Emergency Contact during Church school hour: \_\_\_\_\_

Would you be willing to volunteer to help out the youth ministry? If so, in what way?-

\_\_\_\_\_  
\_\_\_\_\_

**Questions? Contact Ashley Isenhower, Director of Youth Ministries at 858-459-3421 ext. 120; ashley@sjbts.org**