



Our Savior's Registration 2018-2019

Primary Household Information

Parent name(s) _____ Home phone _____

Address _____ Work phone _____

Communication—we will be using both text and email to communicate important information to you:

MIN TEXT: Preferred cell **user/#** _____ Alternate cell **user/#** _____

EMAIL: preferred address: _____

Secondary household—*Is there a second household that you would like information sent to regarding programming?*

Name: _____ email _____

Address: _____ cell: _____

Youth Choir: grades 7-12: meets Wednesday evenings from 5:45-6:15pm

Confirmation: grades 8-9: meets Wednesday evenings from 6:30 – 8:00 p.m.

Youth Group: grades 10-12: meets Wednesday evenings from 8:15 – 9:15 p.m.

Directions: Please box under your child's name for each area in which they will participate.

Child's full name	Date of Birth	Grade
1. _____	_____	_____
<input type="checkbox"/> Youth Choir	<input type="checkbox"/> Confirmation	<input type="checkbox"/> Youth Group
2. _____	_____	_____
<input type="checkbox"/> Youth Choir	<input type="checkbox"/> Confirmation	<input type="checkbox"/> Youth Group
3. _____	_____	_____
<input type="checkbox"/> Youth Choir	<input type="checkbox"/> Confirmation	<input type="checkbox"/> Youth Group

- State any medical (allergies, asthma), learning or other conditions we should be aware of (which child?): _____

- We will put pictures of children/youth on the web. Please sign if you **DO NOT** give consent: _____



QUESTIONS: Please contact dave@oursaviorsnewulm.org