



PARENT REGISTRATION INFORMATION

MOTHER'S NAME: _____

FATHER'S NAME: _____

CHILD/CHILDREN'S NAME(S): _____

Home Phone: (____) _____ - _____

Mother's Cell Phone: (____) _____ - _____

Father's Cell Phone: (____) _____ - _____

Mother's Work Phone: (____) _____ - _____ *would only be used for an emergency

Father's Work Phone: (____) _____ - _____ *would only be used for an emergency

Primary number to contact in the event of an emergency would be: _____

Alternate Person & Contact Phone number in the event neither of you can be reached in an emergency:

Best email address to reach you (the parent) for information concerning the youth program at GSLC:

Primary Mailing Address: _____

I will volunteer for:

_____ Confirmation Guide/Assistant

_____ Hot Church Guide/Assistant

_____ Youth Ministry "Think Tank"

_____ Driver and/or Chaperone for Youth Events
(please see calendar of events and sign-up sheet)

_____ I would like to help as: (Please indicate other way you would like to help/participate)

_____ I have a special skill / knowledge I would like to share with the youth, and it is: