

# Discipleship Training

Registration

2019-2020

Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Parent Names: \_\_\_\_\_

Members? \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_

Parent Cell: \_\_\_\_\_

Text? \_\_\_\_\_

Parent Cell: \_\_\_\_\_

Text? \_\_\_\_\_

Youth Cell: \_\_\_\_\_

Text? \_\_\_\_\_

Parent Email: \_\_\_\_\_

Parent Email: \_\_\_\_\_

Youth Email: \_\_\_\_\_

Baptismal Date: \_\_\_\_\_

Baptismal Church and City: \_\_\_\_\_

Baptismal Sponsors: \_\_\_\_\_

What do we need to know about your youth?

Date Fee Paid: \_\_\_\_\_