

# Student Registration 2023-2024

Thanks for registering your student for Youth Group this year! Please fill out this form for one student only. If you need to submit a form for another student, you will be given the option to do so after hitting the Submit button.

\* Indicates required question

---

1. Student's name \*

---

2. Student's school & grade level \*

---

3. Student's phone number

---

4. Student's email address

---

5. Does this student have any medical (physical or mental) or dietary needs which we need to be aware of (allergies, medications, etc.)?

---

---

---

---

---

6. Does the student have an IEP or 504 plan that you would be willing to share so we can work towards consistency in approach between home, school, and church?

*Mark only one oval.*

☐ Yes

☐ No

If you are filling out this form for an additional student, please feel free to skip the following questions if the answers are the same as the previous student.

7. Names of parents/guardians \*

---

8. Parent/Guardian phone number(s) \*

Please list the best emergency contact number first

---

9. Parent/Guardian email address(es) \*

---

10. Health insurance carrier

---

11. Insurance policy number (and group # if applicable)

---

12. Policy member's name

---

---

This content is neither created nor endorsed by Google.

**Google Forms**

