

Created by God Registration

(Please print)

Student Information

Student's Name _____ Birth date _____
Grade/School for 2013-2014 School Year _____
Food Allergies (please list) _____

Parent/Guardian #1

Parent/Guardian Name _____ Relationship _____
Street Address _____
City/State/Zip _____
Phone No. (Home) _____ (Cell) _____ (Work) _____
Primary email(s) _____

Parent/Guardian #2

Parent/Guardian Name _____ Relationship _____
Street Address _____
City/State/Zip _____
Phone No. (Home) _____ (Cell) _____ (Work) _____
Primary email(s) _____

Additional Information

Emergency Contact _____ Relationship _____
Primary Phone _____ Primary Email _____
Special Needs or Concerns _____

My Child(ren), _____, has my permission to attend the Created by God Human Sexuality Workshop at Central United Methodist Church. I understand that my \$25 secures my student's spot. I also understand that **I am required** to attend the mandatory parent/guardian information session from 6-8pm Thursday, April 3rd, **AND take part in the weekend in some form**, in order for my child to participate in the workshop.

I can help provide/pick up food:

Please circle preference: Snacks (provide) Lunch (pick up) Both

I can help be a small group discussion facilitator during the weekend:

Please circle preference:

All Weekend 6-9pm Friday

9am-Noon Saturday 1-5pm Saturday

I can supervise the students during lunch in the youth room from 11:45-1:00pm on Saturday:

Yes or No

For more information:

Contact Karen Anderson: 372.3191 or kanderson@cumcrogers.com