

**First Presbyterian Church  
Franklin, TN**

Youth/Child and Parent/Guardian Information 2018-19

**Youth/Child Participant Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_\_

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

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

E-mail: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Preferred Means of Communication: Text  E-mail  Other  (Please specify):  
\_\_\_\_\_

If you use social media which platform(s) do you prefer?  
\_\_\_\_\_

If you **do not** want your contact information shared with adult participants, please check this box

What are your interests/hobbies/extracurriculars?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any allergies, dietary requirements or other special needs:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Parent/Guardian Information**

Parent/Guardian

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Relationship to Youth Participant: \_\_\_\_\_

Address (if different from youth): \_\_\_\_\_

E-mail address: \_\_\_\_\_

List phone numbers in the best order to be reached & specify type (cell/home/work)

Phone #1: \_\_\_\_\_ Type: \_\_\_\_\_

Phone #2: \_\_\_\_\_ Type: \_\_\_\_\_

Phone #3: \_\_\_\_\_ Type: \_\_\_\_\_

Preferred Means of Communication: Text  E-mail  Other  (Please specify):

\_\_\_\_\_

If you use social media which platform(s) do you prefer?

\_\_\_\_\_

Parent/Guardian

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Relationship to Youth Participant: \_\_\_\_\_

Address (if different from youth): \_\_\_\_\_

E-mail address: \_\_\_\_\_

List phone numbers in the best order to be reached & specify type (cell/home/work)

Phone #1: \_\_\_\_\_ Type: \_\_\_\_\_

Phone #2: \_\_\_\_\_ Type: \_\_\_\_\_

Phone #3: \_\_\_\_\_ Type: \_\_\_\_\_

Preferred Means of Communication: Text  E-mail  Other  (Please specify):

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If you use social media which platform(s) do you prefer?

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**Alternative Contact**  
(e.g. Grandparent, Aunt/Uncle, etc.)

Name: \_\_\_\_\_ Relationship to Youth: \_\_\_\_\_

Contact Number: \_\_\_\_\_

**Permission**

**Attendance**

I \_\_\_\_\_ (name of parent/guardian) give permission for my child \_\_\_\_\_ (participant's name), to attend and participate in any FPC Franklin youth/children's ministry activities and events during the period of September 2018 – August 2019.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Photography/Videography**

I \_\_\_\_\_ (name of parent/guardian) give my permission for First Presbyterian Church of Franklin to take photos/videos of my child participating in youth/children's ministry related activities. I understand that these photos/videos may be used in electronic and print publications produced by First Presbyterian Church of Franklin.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

If your child was baptized or confirmed at a church other than FPC Franklin, please fill complete the section below.

Baptism date: \_\_\_/\_\_\_/\_\_\_ Church: \_\_\_\_\_

Location: \_\_\_\_\_

Confirmation date: \_\_\_/\_\_\_/\_\_\_ Church: \_\_\_\_\_

Location: \_\_\_\_\_