

NOTE: We take very seriously your privacy. This information is used for ministry purposes only.

STUDENTS

NAME _____ BIRTH DAY _____ GRAD YR _____ GENDER M F
ADDRESS _____ CITY _____ STATE _____ ZIP _____
CELL PHONE _____ CARRIER _____ WANT TXT UPDATES? YES NO
HOME PHONE _____
EMAIL _____
WHAT DO YOU DO FOR FUN?? _____
HOW DID YOU HEAR ABOUT 1YM? WEBSITE FRIEND I GREW UP HERE

PARENTS

NAME (S) _____
HOME PHONE _____ WORK PHONE _____
CELL PHONE _____ CARRIER _____ WANT TXT UPDATES? YES NO
EMAIL _____
OTHER EMERGENCY CONTACT _____ EMERGENCY NUMBER(S) _____
INSURANCE YES NO COMPANY _____ POLICY # _____
STUDENT ALLERGIES? _____ LAST TANTANUS? _____ MEDICATIONS: _____
PHYSICIAN _____ PHYSICIAN PHONE _____
IS FUMC AUTHORIZED TO APPROVE MEDICAL TREATMENT? YES NO
OTHER CONCERNS? (CONTINUE ON BACK IF NECESSARY)