

Aldersgate Youth Ministry

Parent Information 2017-2018 School Year

Name _____ Spouse's Name _____

Student's Name(s) _____

Grades _____

Address _____ City _____ Zip _____

Phone _____ Cell _____ Work _____

Can I call you at work? _____ Best time to reach you _____

Email _____ Fax _____

Available resources for youth activities

- | | | | | |
|---|----------------------------------|--------------------------------|---|-------------------------------|
| <input type="checkbox"/> van,
suburban | <input type="checkbox"/> jet ski | <input type="checkbox"/> boat | <input type="checkbox"/> swimming
pool | <input type="checkbox"/> tent |
| <input type="checkbox"/> home | <input type="checkbox"/> cabin | <input type="checkbox"/> other | | |

Next to the checked items, please indicate how many people you can accommodate

Helps

- | | | |
|---|---|---|
| <input type="checkbox"/> Miscellaneous administration (filing, copying, etc.) | <input type="checkbox"/> photography | <input type="checkbox"/> serve food |
| <input type="checkbox"/> phone calls | <input type="checkbox"/> newsletter | <input type="checkbox"/> computer |
| <input type="checkbox"/> video | <input type="checkbox"/> transportation | <input type="checkbox"/> art/decorations |
| <input type="checkbox"/> crowd control | <input type="checkbox"/> other | <input type="checkbox"/> provide scholarships |
| <input type="checkbox"/> data entry | | |

Leadership