

St. John's Youth Programs Registration form

Name _____

Preferred gender pronouns _____

Address _____

_____ Postal code _____

Home Phone _____

Youth Cell Phone # _____ (as texting is an effective way to communicate)

Youth E-mail address _____ Are you on "fb" Y/N

Birthdate _____

School Attending _____ Grade _____

Parent/Guardians Names _____

Parent/Guardians Cell Phones _____

Parent's e-mail addresses _____

Medical conditions _____

Allergies Yes/No If yes describe allergy. _____

Do you require/carry an eppi pen? Yes/No

Parents are willing to help out in the following ways if available:

_____ Drive for events

_____ Help Chaperone events

Donna Ellis contact info. - Church – 905-648-2353

Email- youth@ancasteranglican.org