

Grand View Methodist Church

Student Registration Form

STUDENT INFORMATION

(Please complete one form for each student.)

Student's Name: _____ Student's Birthdate: ____/____/____

Age: _____ Grade (2023–2024 yr.): _____ School: _____

Student's Email (MS & HS students only): _____

Student's medical/health conditions, allergies, or concerns: _____

I would like to participate in (check all that apply): _____ Christian Family Xperience (CFX) & Nursery
_____ 6th-12th Youth Group _____ 6th-12th Youth Worship Band _____ PreK-12th Sunday School & Nursery

PARENT/GUARDIAN INFORMATION

Parent's Name: _____

Address/City/State/Zip: _____

Parent's Phone: _____ Parent's Email: _____

My student may need rides: _____ Yes _____ No

I am willing to provide rides for other students: _____ Yes _____ No

** A list of adults willing to provide rides will be compiled and made available to anyone needing rides.*

PHOTO/MEDIA RELEASE

Grand View/Wesley/Center Grove has permission to use my student's photo(s) in printed materials, social media, and website for church promotions, mission, and ministry growth: _____ **Yes** _____ **No**

Parent's Signature: _____

I want to join "Grand View Faith Formation" Facebook Group: _____ Yes _____ No

Best Method of Contact (check all that apply): _____ Text cell phone number listed above

_____ Call cell phone number listed above _____ Notified in-person at Sunday Worship/Adult Bible Study/CFX

OPPORTUNITIES AT GRAND VIEW

Sunday: I would like to serve as a **Sunday School Leader** for _____ Nursery _____ PreK-5 _____ MS/HS.

I am interested in participating in **Sunday Morning Adult Study** at 9:30am. _____ Yes!

Wednesday: I would like to serve as a **CFX Leader** for _____ Nursery _____ PreK-5 _____ MS/HS.

I am interested in participating in **CFX Parents Group** at 6:30pm. _____ Yes!