

NOTE: We take very seriously your privacy. This information is used for ministry puposes 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 TENTANUS? \_\_\_\_\_ MEDICATIONS: \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_ PHYSICIAN PHONE \_\_\_\_\_  
IS FUMC AUTHORIZED TO APPROVE MEDICAL TREATMENT? ☐ YES ☐ NO  
OTHER CONCERNS? (CONTINUE ON BACK IF NECESSARY)