

KUMC of KOINONIA Youth Ministry Registration Form

Student Information		Today's Date:
English Name:	Sex: F (<input type="checkbox"/>) M (<input type="checkbox"/>)	
Korean Name:	Date of Birth:	
School:	Grade:	
Email:	Allergy? Yes (<input type="checkbox"/>) No (<input type="checkbox"/>) If yes, list:	
Cell Phone #:	Text Message? Yes (<input type="checkbox"/>) No (<input type="checkbox"/>)	
Student Language Status: English (<input type="checkbox"/>) Korean (<input type="checkbox"/>) Bilingual (<input type="checkbox"/>)		
Family Information		
Home Address:		
Home Phone:		
Parent Information (or Guardian)		
Father's Name (English/Korean):		
Cell Phone:		
Email:		
**Best Way to Communicate: Cell Phone (<input type="checkbox"/>) Email (<input type="checkbox"/>) KakaoTalk (<input type="checkbox"/>) Other Text (<input type="checkbox"/>)		
Mother's Name (English/Korean):		
Cell Phone:		
Email:		
**Best Way to Communicate: Cell Phone (<input type="checkbox"/>) Email (<input type="checkbox"/>) KakaoTalk (<input type="checkbox"/>) Other Text (<input type="checkbox"/>)		
Guardian's Name (English/Korean):		
Cell Phone:		
Email:		
**Best Way to Communicate: Cell Phone (<input type="checkbox"/>) Email (<input type="checkbox"/>) KakaoTalk (<input type="checkbox"/>) Other Text (<input type="checkbox"/>)		

