

Student Ministry Registration Form

Today's Date: _____ Class Name: **TC Student Bible Study 2024-2025**

Student's Name: _____

Student Cell #: _____ Student Email: _____

Grade: ____ Birthdate: _____ Gender: Male / Female

School: _____ Church: _____

Special Needs/Allergies: _____

Parent/Guardian Name: _____

Parent/Guardian Phone: _____

Parent/Guardian Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Students you would like to be grouped with:

Permission to be photographed? Yes / No

Parent/Guardian Photo Signature: _____

Registration Fee: Amount Paid: _____ Date Paid: _____

Donation: _____

The ministry as a whole is financially supported through the generous contributions of class members and alumni. Your additional tax deductible gift will help us to continue to bring the Word of God to students in our community. Donations toward our dinner costs and other expenses are appreciated.

Internal Use Only:

Date Paid: _____ Paid Registration \$: _____ Additional Contribution \$: _____ Total \$: _____

Core Assignment: _____ Notes: _____

PLEASE BRING WITH YOU FILLED OUT WHEN YOU ATTEND TCSBS