



## Contact Information Form

### Youth Information

Youth's Full Name: \_\_\_\_\_

Date Completed \_\_\_\_\_ Birthdate \_\_\_\_\_

Current Grade \_\_\_\_\_ School name \_\_\_\_\_

Email Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Preferred Method of Contact \_\_\_\_\_

Is it ok for the church to contact via text message? \_\_\_\_\_

### Parent Information

Name of Parent/Guardian \_\_\_\_\_

Home Address \_\_\_\_\_

Email Address \_\_\_\_\_ Home Phone: \_\_\_\_\_

Second Email Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Preferred Method of Contact \_\_\_\_\_

Is it ok for the church to contact you via text message? \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

Home Address \_\_\_\_\_

Email Address \_\_\_\_\_ Home Phone: \_\_\_\_\_

Second Email Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Preferred Method of Contact \_\_\_\_\_

Is it ok for the church to contact you via text message? \_\_\_\_\_



**SUSANNA WESLEY**  
UNITED METHODIST CHURCH

7433 SW 29TH ST., TOPEKA, KS 66614

PH: 785.478-3697

E: [swumc@swumc.org](mailto:swumc@swumc.org)

**Emergency Contact (If Parent Cannot Be Reached)**

Name of Contact \_\_\_\_\_ Relation to Youth \_\_\_\_\_

Phone: \_\_\_\_\_ Alt. Phone \_\_\_\_\_

Is there anyone the Youth should NOT be released to? \_\_\_\_\_

**Health Information (Please list any allergies, medications, health concerns/limitations, etc.)**

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**Any other Information we should know:**

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I hereby authorize Susanna Wesley UMC to use my child's picture for any lawful purpose. Including but not limited to, social media, website, and promotional material, in association with Susanna Wesley United Methodist Church, Impact youth group, or any other church related activity.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_



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