

**BOYZ 2 MEN**  
**Registration Form**

Student Information Form

Student Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Student Phone Number: \_\_\_\_\_

**Parental/Guardian Contact Information**

*Father Name:* \_\_\_\_\_

Phone Number: \_\_\_\_\_

*Mother Name:* \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Emergency Contact Information:** If you would like to add additional persons to contact in case of an emergency please do so here.

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Health:** Does the student have any Allergy or Health issues we should be aware of? Yes or No  
Please provide additional information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Church Membership:** Does your family currently hold membership in a church? Yes or No  
Please provide church information:

Church Name: \_\_\_\_\_

Address: \_\_\_\_\_

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**School Enrollment Information:** Does your student currently attend school? Yes or No

Please provide school information:

School Name: \_\_\_\_\_

Address: \_\_\_\_\_

Grade: \_\_\_\_\_

**What talents and/or interests would you like to share with us?**

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**Is there anything else we should know?**

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