

Continuation of:

Students to Register	Gender	Birthdate	Age*	Grade*	School*	* Age, Grade and School on 8/31/2010.	Home Church
⑤							

Student Cell: _____ Student Email: _____

Medical Conditions/
Special Needs:

Food Allergies
(be specific):

If The Orchard is your Home Church, which campus? Arlington Heights Barrington Itasca

⑥ Participation

- Sunday AM - High School Connections
- Sunday PM - High School Youth Group
- Wednesday - Life Group Bible Study / Requested Life Group Leader _____

⑦ Friend Requests for Small Group:

1. _____
2. _____
(Print First & Last Name)

Student Ministries Use Reviewed by (name/date): _____ Small Group/Leader: _____ NameID: _____

Office Use

Registration Date: _____ Check # _____ Family Total: _____ Amount Paid: _____ Amount Due: _____ Shelby Update (initial / date): _____
 Cash WEB