

# COLLEGE MINISTRY CARE PACKAGE Registration

## PERSONAL INFORMATION

DATE: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Gender: Male Female

**Oak Grove member** YES NO

Date of Birth: (Month and Day) \_\_\_\_\_

Home Address: (Parent(s) name) \_\_\_\_\_

Street (Apt) City/State Zip

## EDUCATION INFORMATION

College attending: \_\_\_\_\_

Classification: Freshman Sophomore Junior Senior Graduate

Field of Study: \_\_\_\_\_

School Address: (Delivery address)

Street City/State Zip

Contact Information:

( ) \_\_\_\_\_  
Telephone Mobile Email

---

**\*\*\*Attach current semester's class schedule**

**Return to the GATE or email –**  
[oakgrovecollegeministry@gmail.com](mailto:oakgrovecollegeministry@gmail.com)