

2020 Youth Information Form

Date: ____/____/____ (mm/dd/yyyy)

Last Name: _____ First Name: _____ Nickname: _____

Address: _____ City: _____ Zip Code: _____

Age: ____ Birthdate: ____/____/____ (mm/dd/yyyy)

Gender: Male ____ Female ____

Home Phone#: _____ Cell Phone#: _____

Email Address: _____

School Name: _____

Grade Level (Fall 2020): _____

Baptized? Yes ____ No ____

Church Involvement/Activities: _____

Interests/Hobbies/Talents: _____

Suggestions/Ideas for Youth Sunday & Youth Ministry: _____

**(additional information can be added on 2nd page)*

GRADUATION INFORMATION

Are you a 2020 graduate? Yes ____ No ____

If yes, select which grade/school you are graduating from:

- Kindergarten: ____ School Name: _____
- Middle School: ____ School Name: _____
- High School: ____ School Name: _____
- College: ____ School Name: _____
- Trade School: ____ School Name: _____
- Other: ____ School Name: _____

Future Goals/Aspirations: _____

PARENT/GUARDIAN INFORMATION

Parent or Guardian Name: _____

Address: _____ City: _____ Zip Code: _____

Home Phone#: _____ Cell Phone#: _____

Email Address: _____

Parent or Guardian Name: _____

Address: _____ City: _____ Zip Code: _____

Home Phone#: _____ Cell Phone#: _____

Email Address: _____

EMERGENCY CONTACT INFORMATION

Name: _____

Home Phone#: _____ Cell Phone#: _____

Email Address: _____

ADDITIONAL INFORMATION