

YOUTH INFORMATION FORM

Register for Sunday School 2010 – 2011 ____ yes ____ no

Please PRINT clearly & use a separate form for each child (new-born thru high school)

CHILD'S FULL NAME _____

Child's preferred name to be called _____ AGE _____

CHILD'S E-MAIL _____ BIRTHDATE _____

SCHOOL _____ GRADE _____

OUTSIDE INTERESTS & EXTRA CURRICULAR SCHOOL ACTIVITIES

(i.e., Sports, Music (Instrumental or Vocal), Acting, Photography, Art)

ALLERGIES/HEALTH PROBLEMS _____

BAPTIZED ____ Yes ____ No – Date _____ Where _____

Has he/she received COMMUNION ____ Yes ____ No CONFIRMED ____ Yes ____ No
If no, would attend class ____ If no, would attend class ____

PARENT' OR GUARDIANS

NAMES (PRINT) _____

ADDRESS _____

CITY & State _____ ZIP _____

PHONE _____ CELL PHONE _____

E-MAIL _____ WORK PHONE _____

LOCAL EMERGENCY CONTACT

NAME _____ RELATIONSHIP _____

PHONE _____ CELL PHONE _____

SIBLINGS IN SUNDAY SCHOOL _____

Are you a member of Peace? Parents ____ Yes ____ No Child ____ Yes ____ No

ANY CONCERNS? _____

PARENT/GUARDIAN

SIGNATURE _____ Date: _____