

# 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: \_\_\_\_\_