

CHRIST EPISCOPAL CHURCH

YOUTH GROUP

2008 - 2009

NAME: _____ AGE ON SEPT. 1, 08 _____

ADDRESS: _____ ZIP: _____

CITY: _____ HOME PHONE: _____

YOUTH EMAIL: _____ GRADE: _____

FAMILY EMAIL: _____

PARENTS/GUARDIANS: _____

SIBLINGS NAME: _____ AGE: _____

SIBLINGS NAME: _____ AGE: _____

BIRTHDATE: _____ BAPTIZED: _____ CONFIRMED: _____

NAME OF SCHOOL: _____

ANY AND ALL ALLERGIES, PHYSICAL OR MEDICAL CONDITIONS
THAT WE SHOULD BE AWARE OF? _____

ANY CUSTODY OR PARENTAL ISSUES WE SHOULD BE KNOW OF?

NAME OF PERSON(S) WHO CAN PICK THIS YOUTH UP AFTER YG?

PARENT/ GUARDIAN SIGNATURE

DATE