

CHRIST EPISCOPAL CHURCH YOUTH MINISTRIES

2019 - 2020

NAME: _____ AGE ON OCT. 1 2019: _____

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, BEHAVIOR, EMOTIONAL,
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 OR IF THEY CAN WALK HOME? _____

PARENT/ GUARDIAN SIGNATURE

DATE