

Date ___/___/___

Personal Information

Students Name _____

Home Phone # _____

Do you have a cell phone: yes no

Cell Phone # _____

E-mail Address _____

(Circle One)

Male or Female

Facebook or Myspace

How would you like to be contacted?

Call E-mail Text

Address _____

City _____ State _____ Zip _____

Age _____ Birthday _____ School _____ Grade _____

Family Information

Fathers Name _____

Mothers Name _____

Whom do you live with _____

If you live with someone other than parents? Name _____ Relation _____

Parents Phone # _____

Parents E-mail _____

Do parents attend this church? _____

If yes, which one? _____

Brothers/Sisters: Name _____ Age/Grade _____

Name _____ Age/Grade _____

Name _____ Age/Grade _____

Name _____ Age/Grade _____

Interests (check all that apply)

Sports: Basketball Baseball Football Soccer

Volleyball Hockey Golf Snow skiing

Water skiing Tennis Swimming Gymnastics

Cheerleading Other _____

Do you play on a school team?

If yes which one or ones:

Music: Do you sing Which part Do you play an instrument

What instrument do you play:

Hobbies: Drama Computer Reading Playing Games

Video Games Movies Other _____

What are your school activities?

What's your favorite food and drink?

What's your favorite kind of music?

List your five favorite music groups?

List your five favorite movies?

List your five favorite TV shows?

Favorite Actor/Actress?

What is your favorite book and author?

What's your favorite Bible Story?

What's your favorite scripture and why?

Why are you here?

What do you want to get out of this Youth Group?

Have you been baptized?

yes no (if yes, what was the date?) _____