

Children and Youth Ministry

Family Information Card

Today's Date: ____/____/____

Church Information:

Parent/Guardian: _____ Date of Birth: ____/____/____

Primary Phone: _____ Home Work Cell Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian: _____ Date of Birth: ____/____/____

Primary Phone: _____ Home Work Cell Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Child/Youth Information:

Child/Youth: _____ DOB: ____/____/____ Age: _____ Male Female

Grade: _____ School: _____ City of School: _____

Allergies/Special Needs: _____

Child/Youth: _____ DOB: ____/____/____ Age: _____ Male Female

Grade: _____ School: _____ City of School: _____

Allergies/Special Needs: _____

Child/Youth: _____ DOB: ____/____/____ Age: _____ Male Female

Grade: _____ School: _____ City of School: _____

Allergies/Special Needs: _____

Child/Youth: _____ DOB: ____/____/____ Age: _____ Male Female

Grade: _____ School: _____ City of School: _____

Allergies/Special Needs: _____