



YOUTH ENROLLMENT DATA FORM

YOUTH INFORMATION

ENROLLMENT DATE: _____ DATE OF DISCIPLESHIP/ JOINING _____
(Leave blank if not member)

FULL NAME: _____
LAST FIRST MI NICK NAME

ADDRESS: _____
STREET ADDRESS APARTMENT/UNIT #

_____ CITY COUNTY STATE ZIP CODE

PERSONAL CELL (YOUTH): _____ HOME: _____

EMAIL: _____

BIRTH DATE: _____ AGE: _____ GENDER: _____

CURRENT SCHOOL ATTENDANCE: _____ GRADE: _____

ASSIGNMENT CATEGORY: ___ INFANT ___ TODDLER ___ YOUTH ___ PRE-TEEN ___ TEEN
AGE 2-4 AGE 5-9 AGE 10-13 AGE 14-18

CURRENT AUXILIARY INVOLVEMENTS: _____, _____

INTERESTED MINISTRIES *(CHECK ALL THAT APPLY)*: ___ CHILDREN CHOIR, ___ TEEN CHOIR,
___ DANCE MINISTRY, ___ JUNIOR USHER, ___ SUNDAY SCHOOL, ___ PEER TUTORING
___ YOUTH VOLUNTEER, ___ MEDIA ASSISTANCE, ___ JUNIOR DEACON

___ **I WOULD LIKE TO SEE A** _____ **MINISTRY ESTABLISHED.**

PARENTAL INFORMATION

FATHER: _____
MEMBER OF CADE ___ (YES) ___ (NO)

CELL: _____
EMAIL: _____

PROFESSION: _____

HOME PHONE (IF APPLICABLE): _____

NUMBER OF CHILDREN _____

MOTHER: _____
MEMBER OF CADE ___ (YES) ___ (NO)

CELL: _____
EMAIL: _____

PROFESSION: _____

YOUR CHILD KNOWN ALLERGIES: _____

SPECIAL MEDICATION NEEDS: _____

PHYSICIAN: Dr. _____ WITH _____ MEDICAL GROUP

ADDRESS: _____ TELEPHONE: _____

PREFERRED HOSPITAL: _____ TELEPHONE: _____

PHYSICAL ADDRESS: _____

EMERGENCY CONTACT: _____ TELEPHONE: _____

RELATION TO CHILD _____

(OFFICIAL USE)

YOUTH SPONSOR: _____ CONTACT: _____

YOUTH LEADER ASSIGNED

MINISTRY LEADER: _____