

# Children and Youth Ministry Family Information Card

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Church Information:

**Father/Guardian:** \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Primary Phone: \_\_\_\_\_  Home  Work  Cell Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Mother/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: \_\_\_\_\_