

# IGNITE STUDENT MINISTRIES INFORMATION SHEET

2019-2020 SCHOOL YEAR

Parents and students should fill this form out together, **one per student.**

Please complete and return to Brendan Stevens, Director of Youth & Family Ministries.



## STUDENT INFORMATION

Name \_\_\_\_\_ Age \_\_\_\_\_ Cell # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Gender M or F School \_\_\_\_\_ Grade \_\_\_\_\_

Date of Birth \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

Have you been baptized? Y or N When? \_\_\_\_\_

Have you done Profession of Faith? Y or N When? \_\_\_\_\_

## SPECIAL INTERESTS & HOBBIES

List any instruments you play, activities or groups you're involved with, or sports you play \_\_\_\_\_

\_\_\_\_\_

How do you like to spend your free time? \_\_\_\_\_

Favorite youth group activities and/or games \_\_\_\_\_

Are there any activities or events you would like the youth ministry to be doing?

\_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

Parent/Guardian 1 \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Email \_\_\_\_\_ Work Phone \_\_\_\_\_

Parent/Guardian 2 \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Email \_\_\_\_\_ Work Phone \_\_\_\_\_

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