

First Presbyterian Church, Georgetown Kentucky

Youth Information Form

Complete form annually in August. If no changes required, complete information at bottom only (Approval Signatures).

Youth Information:

Today's Date

Name: _____ Home Telephone #: _____ Cell Phone: _____

Address: _____

Youth E-Mail Address: _____ Birthday: _____

Allergies (medicine or food) / Medications / Other Concerns: _____

Activities (hobbies, interests, sports, etc.): _____

What activities would you like to see the Youth Group participate in?

Parent / Guardian Information:

Mother/Guardian Name: _____ Home Phone #: _____ Cell Phone: _____

Work #: _____ Mother's E-Mail Address: _____

Address: _____

Father/Guardian Name: _____ Home Phone #: _____ Cell Phone: _____

Address: _____

Work #: _____ Father's E-Mail Address: _____

Insurance Coverage:

Company Name _____ Policy # _____ Group # _____

Telephone Number _____ Address _____

Name of Individual Covering Insurance _____

Emergency Contact (other than parent/guardian):

Name: _____ Telephone: _____ Cell Phone: _____

List of who is able to pick up student at First Presbyterian Church?

<u>Name</u>	<u>Relationship to Student</u>	<u>Name</u>	<u>Relationship to Student</u>
_____	_____	_____	_____
_____	_____	_____	_____

Approval Signature(s):

To reduce duplicate forms, if no changes to the above information you can complete the information below, sign and initial annually. If there are changes, please complete a new form.

<u>School Year</u>	<u>School Name</u>	<u>Grade</u>	<u>Parent/Guardian Signature</u>	<u>Date</u>
2009 / 2010				
2010 / 2011				
2011 / 2012				
2012 / 2013				
2013 / 2014				
2014 / 2015				