

First Presbyterian Church

Child and Youth Information

2017-18

CHILD / YOUTH NAME:

Last _____ First _____ Middle _____

Preferred name _____

Birthday: ____/____/____

School attending: _____ Grade: _____

Please complete only if baptized/confirmed at a church other than FPC:

Baptism date: ____/____/____ Church: _____

Location: _____

Confirmation date: ____/____/____ Church: _____

Location: _____

ALLERGIES AND/OR SPECIAL NEEDS: _____

(Indicate with if you do not want information below included in a directory for church members.)

Address: live with parents/guardian live with other family members
 live at college)

Street _____

City _____ State _____ Zip _____

Phone: Home _____

 Cell _____

Email: _____

Permission granted to First Presbyterian Church, Franklin to use my child's photo(s) in non-commercial publications produced by the Church:

_____/_____
(Parent's/Guardian's signature) (date)

Information on this form will be shared with adult participants and volunteers. Please indicate with if you do not want information released.

(please see back page)

(Indicate with if you do not want information below included in a directory for church members.)

PARENT'S/GUARDIAN'S NAME:

Last _____ First _____ Middle _____

Address (if different):

Street _____

City _____ State _____ Zip _____

Phone: Home _____

Work _____

Cell _____

Preferred Email: _____

PARENT'S/GUARDIAN'S NAME:

Last _____ First _____ Middle _____

Address (if different):

Street _____

City _____ State _____ Zip _____

Phone: Home _____

Work _____

Cell _____

Preferred Email: _____

SOCIAL MEDIA (Youth and Parents/Guardians):

Twitter: _____

Instagram: _____

Xbox gamertag: _____

Other: _____

Do you Facebook? Yes No