

St. Ignatius-Chapel Point Youth Group Information Sheet

General Information

Name (First, Middle, Last): _____

Date of Birth: _____

Place of Birth: _____

Address: _____

Telephone Numbers: Home: _____ Cell: _____

Parents' Telephone Numbers:

Mother Work: _____ Mother Cell: _____

Father Work: _____ Father Cell: _____

Mother's Full Name: _____

Father's Full Name: _____

Your Email: _____

Mother's Email: _____

Father's Email: _____

School: _____ Grade: _____

Siblings' Names: _____

Emergency Contact

Name: _____

Relationship: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Address: _____

Other Information

What are you looking to learn from Youth Group?

Let us know something about you (sports that you play, musical instruments that you play, hobbies, interests, etc.).
