



# St. John Lutheran Church

## Youth Info Sheet



Student Name: (*formal name*) \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Address: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

\_\_\_\_\_ Grade: \_\_\_\_\_ Baptized: Y or N (if Y \_\_/\_\_/\_\_)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Extracurricular Activities (Sports, band, clubs, etc.): \_\_\_\_\_

Link to activity schedule (write down or send directly to (630)596-7312): \_\_\_\_\_

Hobbies: \_\_\_\_\_ School: \_\_\_\_\_

Social Media: \_\_\_\_\_ Best way to contact you: \_\_\_\_\_

Events that you have enjoyed or would like to see in the future: \_\_\_\_\_

**Allergies / Medical Conditions to be aware of:** (Note: In order to be a part of *some St. John Youth* ministry activities a *Permission & Health* form will need to be filled out and signed by a parent or guardian. Thank you!)

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Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Address: (if different) \_\_\_\_\_

Address: (if different) \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_