

ST PATRICK'S YOUTH GROUP

ALL ABOUT ME

LAST NAME: _____ FIRST NAME: _____

BIRTHDATE: _____ AGE: _____ PHONE: _____

ADDRESS: _____ CITY: _____

SCHOOL: _____ GRADE: _____

CHURCH: _____ WHICH MASS: _____

MOM'S NAME: _____ WORK# _____ CELL # _____

DAD'S NAME: _____ WORK# _____ CELL# _____

PETS: _____ FAVORITE FOOD: _____

E-MAIL ADDRESS: _____

SOMETHING I WANT TO DO IN YOUTH GROUP: _____

FAVORITE HOBBY/ACTIVITY/GAME: _____

WHEN I GROW UP I WANT TO BE: _____

SOMETHING EXTRA SPECIAL ABOUT ME: _____

Are there any circumstances (learning disabilities, medical situations, family structure, allergies etc) that you would like the Youth Minister be aware of to better serve your needs?
(please be specific)
