**Youth Profile**Confidential

Allergies

Date

**Personal Information**

Student name Phone #

 Male Female Email address

Address

City State Zip

Birthday School Graduation Year

**Family Information**

Parent or Guardian’s Names

Phone # to reach them Email address

Do your parents attend this church? Yes No

Do they attend adult Sunday School or Bible Study? Yes No

Brothers/Sisters

Name Age/Grade

Name Age/Grade

Name Age/Grade

Name Age/Grade

**Interests** (Circle all that apply)

**Sports** Basketball Baseball Football Soccer Volleyball
 Hockey Swimming Tennis Golf Gymnastics
 Wrestling Water Sports Track/Cross Country Lacrosse
 Cheerleading Softball Dance Team Rugby Archery

Other:

**Music** Singing Listening Play an Instrument

**Hobbies** Drama (Acting) Reading Computers/Tablets/Cell Phones
 Photography Writing Hanging out with Friends
 Arts/Crafts Sleeping Building/Fixing Stuff

 Other:

What snacks do you like to eat/drink?

What would you like to learn/discuss in Sunday School/ Youth Group?

What youth trips and events would you like to go on?

What did you like about Youth Group? (Before) Ex. Events, Trips, Campfires, etc.

What didn’t you like about Youth Group? (Before) Ex. Same things all the time, didn’t meet often enough etc.

Ideas for Youth Group!! What do you want to do? Where do you want to go?