

**Youth Information Form
2008-2009**

Name: _____ Birthday: _____

Grade and School Fall '08: _____

Home phone number: _____

Youth Cell: _____ Text Messaging: Y or N

Facebook: Y or N Instant Messenger (circle one): AIM Yahoo MSN Other: _____

Youth Email: _____ Do you check email regularly? Y or N

What is the best way to contact you? _____

Parent Cell: _____ Cell 2: _____

Parent Work: _____ Parent Work 2: _____

Parents' Email: _____ Email 2: _____

Address: _____

Do you participate in any sports? Y or N If yes, which sport? _____

Do you participate in band, orchestra, or chorus? Y or N If yes, which one? _____

What is your favorite activity to do after school? _____

What do you like to do on the weekends? _____

What is your favorite snack? _____

What is your favorite type of movie? _____

What is your favorite type of music? _____

Would you like to participate in leading chapel time on Sunday nights? Y or N If so, how? _____

*Please return this form along with the medical form and permission form to Jennifer Simpson, Director of Youth Ministry. You can bring it to the church at anytime and leave it in my box, email, fax, or mail it to Jennifer.

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