

# Youth Information

## CALVARY BAPTIST CHURCH

PLEASE PRINT THE FOLLOWING INFORMATION - ALL INFORMATION MUST BE COMPLETED

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Current Age: ( \_\_\_\_\_ )

Current Grade: 7  8  9  10  11  12  N/A

Cell Phone # (optional) \_\_\_\_\_

E-mail (optional) \_\_\_\_\_

### Parent or Guardian Information - In Case Of An Emergency

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Do you actively attend church? YES  NO

If YES ... Where \_\_\_\_\_

Are you a member of a Sunday School Class? YES  NO

If YES ... Where \_\_\_\_\_

Have you ever accepted Jesus as your Saviour? YES  NO

If NO ... Would you like to speak with someone in private about asking JESUS to come into your heart and having eternal life in heaven?

YES  Not Sure  Maybe, but I would like to know more.

I have read the Calvary Baptist Youth Rules and the Leadership & Guidance handout. My signature indicates that I understand the youth guidelines that have been established and agree to follow them.

Signature: \_\_\_\_\_ Date: \_\_\_\_-\_\_\_\_-\_\_\_\_

This box to be filled out by Calvary Baptist Church - Youth Department Leaders

Information Date : \_\_\_\_\_ (Follow-Up Needed ó Yes / No)

Follow-Up Date : \_\_\_\_\_ (Acceptance Made ó Yes / No)