

Please share the following information:



YOUTH LAST NAME _____ YOUTH FIRST NAME _____ AGE _____ BIRTHDAY (MM/DD/YEAR) (/ /)

E-MAIL ADDRESS(ES) _____ FACEBOOK NAME _____ INSTAGRAM ID _____

LANDLINE PHONE _____ YOUTH CELL PHONE _____ GENDER Male Female

STREET ADDRESS _____ CITY _____ STATE/ZIP _____

PARENT(S) NAME(S) _____ Mom: _____ Dad: _____

PARENT(S) E-MAIL ADDRESS(ES) _____ PARENT(S) CELL PHONE(S) _____

Yes No

SCHOOL NAME _____ GRADE _____ ARE YOU A MEMBER OF ST. SABINA CHURCH?

ARK ERC BRAVE Youth G.E.M.S. Other (PLEASE LIST): _____

DO YOU PARTICIPATE IN OTHER ST. SABINA YOUTH PROGRAMS? (PLEASE CHECK ALL THAT APPLY)

YOUTH MINISTRY GROUP / ACTIVITY Interest:

- Altar Servers
- Junior Armor Bearers
- Cornerstone—Family
- Future Leaders—Teen
- God Squad—Pre-Teen
- Selah—Music Ministry
- SOD Youth—Dance Ministry
- Sunday School
- Junior Ushers
- KPC Junior Knights
- KPC Junior Daughters

YOUTH & FUSION SUNDAY MINISTRY / ACTIVITY Interest:

- Reader
- Dance
- Camera
- Sound
- Helps/Sanctuary Preparation
- Communications/Art/Decorations
- Other _____
- Hospitality/Greeter
- Usher
- Creative Writing
- Intercessory Prayer

✚For: Youth Age 4-18. Please help us update our records by completing this form and returning it to the Church Office or emailing to jacinta@saintsabina.org.