

Today's date _____

Personal Information

Student name _____ Cell # _____
 Male Female E-mail address _____
Address _____ City _____ State _____ Zip _____
Birthday _____ School _____ Graduation year _____

Family information

Father's name _____ (optional) Stepfather's name _____
Mother's name _____ (optional) Stepmother's name _____
Home phone _____ Parent's email address _____

Do your parents attend this church? Yes No
Do they attend an adult education class? Yes No If yes, which one(s)? _____

Brothers/sisters

Name _____ Age/grade _____
Name _____ Age/grade _____
Name _____ Age/grade _____
Name _____ Age/grade _____

Interests check all that apply

Sports Basketball Baseball Football Soccer Volleyball Hockey
 Swimming Tennis Golf Gymnastics Wrestling
 Track/Cross Country Lacrosse Skiing/snowboarding
 Other _____

Music Likes to sing! Instruments _____

Do you have Facebook? Yes No Do you text? Yes No

Ministry Involvement

Have you attended Lewinsville Presbyterian Church on Sunday before? (check all that may apply)

Yes No Sunday morning Sunday evening

Are you interested in being involved in any of the following areas?

Small groups	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Student Leadership team	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Youth Choir	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Youth handbell ringers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
PaidINFull Youth Praise band	<input type="checkbox"/> Yes	<input type="checkbox"/> No

What are your spiritual gifts?

Have you attended any of the mission's trips? If so, when?

Have you been baptized? Yes No When? _____
Are you a member of a church? Yes No If no, Which Church? _____

In one paragraph, could you tell me your faith story – how you came to faith in Jesus?

Do you have any other interests or hobbies you would like to share?

Do you have any prayer requests that our staff could about for you?

Student Profile