

Student Profile

(PLEASE PRINT)

Name: _____		
Address _____		
City _____	State _____	Zip Code _____
Phone Number _____	Cell Phone Number _____	Birthday _____
Preferred Name/Nickname: _____		
Email Address: _____		

Parent/Guardian Info

Last: _____	First: _____
Relationship to Student: _____	
Address: _____	
City: _____	State: _____ Zip: _____
Phone Number: _____	
Cell Phone: _____	
Email Address: _____	
Work Phone Number: _____	

Parent/Guardian Info

Last: _____	First: _____
Relationship to Student: _____	
Address: _____	
City: _____	State: _____ Zip: _____
Phone Number: _____	
Cell Phone: _____	
Email Address: _____	
Work Phone Number: _____	

Interests (check all that apply)

Sports	<input type="checkbox"/> Basketball	<input type="checkbox"/> Baseball	<input type="checkbox"/> Football	<input type="checkbox"/> Soccer	<input type="checkbox"/> Volleyball	<input type="checkbox"/> Hockey
	<input type="checkbox"/> Swimming	<input type="checkbox"/> Broomball	<input type="checkbox"/> Tennis	<input type="checkbox"/> Golf	<input type="checkbox"/> Gymnastics	<input type="checkbox"/> Wrestling
	<input type="checkbox"/> Water-skiing	<input type="checkbox"/> Track	<input type="checkbox"/> Cross Country	<input type="checkbox"/> Skiing/snowboarding		
	<input type="checkbox"/> Other _____					
Media/Arts	<input type="checkbox"/> Photography	<input type="checkbox"/> Music	<input type="checkbox"/> Video Production	<input type="checkbox"/> Journalism		
	<input type="checkbox"/> Movies	<input type="checkbox"/> Video Games	<input type="checkbox"/> Computers	<input type="checkbox"/> Instrument/Instruments Played _____		
	<input type="checkbox"/> Sound Mixing	<input type="checkbox"/> Comedy	<input type="checkbox"/> Drama	<input type="checkbox"/> Band	<input type="checkbox"/> Orchestra	<input type="checkbox"/> Choir

Family Information

Father's Name:

Step-Father's Name:

Mother's Name:

Step-Mother's Name:

Address of Parent (if not listed on front sheet)

City

State

Zip Code

Emergency Contact

Name of Parent or Guardian:

Phone Number:

Name of Non-Parent or Guardian:

School Activities (please list)**Youth Group Interests**

Please Check All That Apply:

- ☐ Worship Band ☐ Adventure Trips ☐ Mission Trips ☐ Group Activities ☐ Summer Camps
☐ Deepening Faith ☐ New Points of View ☐ Relationships ☐ Fund Raisers ☐ Bible Studies
☐ Learning more about religion ☐ Skits/Drama ☐ Other: _____

Thank you very much for taking the time to fill this out. All of the information on this form will be kept confidential.
Please feel free to contact me if you have questions:

Chris Erickson

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 United Presbyterian Congregational Church
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