

Church of the Epiphany
Louisville, KY 40223

EYM Contact Information 2015-2016

Youth Name: _____ Grade: _____

School: _____ Birthday: _____

Parent(s) Name(s): _____

Address: _____

Youth Email Address: _____

Parent Email Address 1: _____

Parent Email Address 2: _____

Home Phone: _____ Youth Cell Phone: _____

Mom Cell Phone: _____ Youth Texting: Y N

Dad Cell Phone: _____ Parent Texting: Y N

Does your child have any special needs/allergies/etc.?
