



## STARS Ministry Interest Form

Parent's Name:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Parent's Phone Number:

Area Code \_\_\_\_\_ Phone Number \_\_\_\_\_

Parent's Email: \_\_\_\_\_

Home Address:

Street Address \_\_\_\_\_

Street Address Line 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Postal Zip Code \_\_\_\_\_

Child/Youth's Name:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Child/Youth's Grade Level: \_\_\_\_\_

Child/Youth's Date of Birth:

MM \_\_\_\_\_ DD \_\_\_\_\_ YYYY \_\_\_\_\_

Child/Youth's Gender:

Male \_\_\_\_\_ Female \_\_\_\_\_