

CHILD AND ADOLESCENT APPLICATION

Name _____ Birthdate _____

Address _____ City _____ Zip _____ Phone _____

Age _____ School _____ Grade _____

Parent's Names _____

How often do you attend Scottsdale Bible Church? _____

Describe your relationship with God _____

What do you do for fun? _____

What kind of problem are you having that you want to discuss with a counselor? _____

Scottsdale Bible Church
Counseling Ministry
7901 East Shea Blvd.
Scottsdale, AZ 85260
480.824.7239

For Office Use Only:
TJTA received (if applicable) _____
Payment received _____
Assigned to _____
Okayed by _____