

Children's Prayer Ministry Questionnaire

Name _____

Birthday_____

2023-24 Grade in School_____

Teacher's Name _____

Family Members

List Your 5 Favorite Things

List Pets if you have any.

List activities you like to do.

List prayer requests.

Parent/Guardian name(s): _____

cell phone number(s): _____

email(s): _____

Questions or Concerns:

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