



# Youth Ministry: 6<sup>th</sup>-12<sup>th</sup> Grade 2024-2025 REGISTRATION FORM

Please complete the front and back of this form in blue or black ink and attach payment made payable to **St. Martin of Tours**. Return to the Parish office or Helen Deen.

## **SELECT PROGRAM (select all that apply)**

- Middle School Youth Group (6<sup>th</sup>-8<sup>th</sup> grade)
- High School Youth Group (9<sup>th</sup>-12<sup>th</sup> grade)
- Sacrament of Reconciliation and First Holy Eucharist Preparation
- Sacrament of Confirmation Preparation (High School only)

## **STUDENT INFORMATION** *(For Sacraments, please provide copy of baptism certificate)*

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

Gender: M / F Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Primary mailing address: \_\_\_\_\_

Student Email: \_\_\_\_\_

Has the student been Baptized? Yes / No If yes, where (parish)? \_\_\_\_\_

Has the student received First Eucharist? Yes / No If yes, where (parish)? \_\_\_\_\_

Has the student received Confirmation? Yes / No If yes, where (parish)? \_\_\_\_\_

Parish registered and attending \_\_\_\_\_

## **PARENT/GUARDIAN INFORMATION**

**Father/Guardian:** First \_\_\_\_\_ Last \_\_\_\_\_

Mailing address: \_\_\_\_\_

Mobile # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Text: Y / N? Work # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ext. \_\_\_\_\_

Religion (if not Catholic): \_\_\_\_\_ Email: \_\_\_\_\_

**Mother/Guardian:** First \_\_\_\_\_ Last \_\_\_\_\_

Mailing address: \_\_\_\_\_

Mobile # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Text: Y / N? Work # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ext. \_\_\_\_\_

Religion (if not Catholic): \_\_\_\_\_ Email: \_\_\_\_\_

Would you like more information about Youth Ministry volunteer opportunities? Y / N

## **TUITION FEES:**

\$50.00 for Middle School

\$80.00 for High School

Please note that there will be other fees for outings, retreats, youth days, and conferences.

## Medical Information and Emergency Release

*This information is and will be kept confidential. This information will only be released to medical personnel in the event your child requires medical attention.*

**Medical/Special Needs/Allergies:** *(Please list all medical or special needs including if your child has an IEP, learning difficulties or food allergies, if none, write NONE)*

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**Medications:** *(Please list all medications your child is currently taking)*

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### In Case of an Emergency:

Health Insurance: \_\_\_\_\_ Insurance Policy #: \_\_\_\_\_

Family Doctor \_\_\_\_\_ Ph. \_\_\_\_\_

### Emergency Contacts (Other than parent/guardian)

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_ Ph \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_ Ph \_\_\_\_\_

## Authorization to enroll in Youth Ministry & Authorization to provide Medical Services and Release

**Parent/Guardian:** Do you authorize the enrollment of your child in the Youth Ministry Program including the sacrament program at St. Martin of Tours Catholic Church? If you or your Doctor cannot be reached in an emergency and if in the judgment of the Parish authorities, immediate medical and/or hospital attention is required, do you authorize the Parish authorities to send your child, properly accompanied, to an available hospital or doctor, and do you authorize the treatment of your minor child by a qualified and licensed medical doctor in the event of a medical emergency when, in the opinion of the attending doctor, it may endanger his/her life, cause physical disability or undue discomfort if delayed? This consent is granted only after a reasonable effort has been made to reach you.

Parent/Guardian \_\_\_\_ Yes \_\_\_\_ No                      Signature \_\_\_\_\_

## Authorization to Take, Release and Publish Photographs

**Parent/Guardian:** I authorize the staff of St. Martin of Tours Catholic Church to photograph, publish and post photographs of my child participating in parish activities for the purpose of creating a pictorial history of the parish program as well as to inform parents and the parish of student activities.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_