

Student's Full Name	Birth Date	Age	School	Grade (in fall)	Baptized (yes/no)	Eucharist (yes/no)	Reconciliation (yes/no)	Confirmation (yes/no)	Program enrolling in*

Mother _____ religion _____ Father _____ religion _____
 Custodial parent: yes no Custodial parent: yes no

Address _____ City _____ Zip _____	home phone _____ cell phone _____ e-mail address _____
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If I cannot be reached during an emergency, call _____ relationship _____ phone _____

In addition to the above, my child can also be released to _____ relationship _____

Is there any medical information that we should be aware of for any of the above children? _____

Family Physician Data – name _____ address _____ phone _____

I give permission: for my child(ren's) photograph and/or video to be taken in any event and to be displayed within the church and in church publication/website yes no
 for my child(ren's) work (art, essays, etc.) to be shared, displayed, and/or published yes no

I am willing to volunteer as (circle areas interested in): *Sunday Youth Group Facilitator* *Sunday Youth Group Chaperone* *Retreat Facilitator* *Retreat Chaperone*
Service Project Leader/Chaperone *Social Events Chaperone* *Confirmation Prep Facilitator* *Transportation* *Hospitality (food donations, etc.)*

* Programs available include: 1. Senior High Youth Group 9th – 12th 2. Junior High Youth Group 6th – 8th 3. Confirmation (7th grade and older)

Please make checks payable to: Prince of Peace Parish / check notation: Youth Group

OFFICE USE ONLY	Amount due _____	Total paid _____	Check# _____	Date _____
	Parishioner _____	Other _____		