

# YOUTH MINISTRY REGISTRATION 2010-2011

Youth Ministry

Sunday 6:00-7:30pm

Sacramental Preparation for:

PLEASE CIRCLE YOUR CHILD'S GRADE BELOW:

Junior Youth - Grade in '10/11

6 7 8

Senior Youth Grade in '10/11

9 10 11 12

\_\_\_\_\_ Confirmation

<b>STUDENT INFORMATION</b>	Last Name _____ First Name _____ M.I. _____
	Birth Date _____ M F School Child Attends _____
	Last Place of Religious Education _____ Grades _____
	Student Cell Phone # _____ Student Email Address _____
	Does your child have any allergies to food or other? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, please explain: _____
	Is your child on medication? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, please explain: _____
	Does your child attend any special education classes? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, please describe special needs: _____

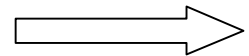
<b>FAMILY</b>	Are you registered in RESURRECTION OF OUR LORD PARISH? <input type="checkbox"/> No <input type="checkbox"/> Yes/Envelope # _____
	Address _____ Zip _____
	Family Home Phone _____ Family Email Address _____
	Father Name _____ Catholic <input type="checkbox"/> Work Phone _____ Other Faith _____
	Father Email Address _____ Cell Phone _____
	Mother Name _____ Catholic <input type="checkbox"/> Work Phone _____ Other Faith _____
	Mother Email Address _____ Cell Phone _____

Can you help on the Youth Ministry Core Team?  SUN.(6:00-7:30)

In what other ways can you help?

Social Justice Dinner Host Mass Ministry Catholic Charities F.A.N.

Bible Camp RYM- Relay for Life Team Food Prep



FOR OFFICE USE ONLY: Tuition paid \$ _____ Date _____ CK # _____ CASH WAIVED SPECIAL ASSISTANCE NEEDED
Withdrawal from Religious Education - Date: _____ Reason: _____
Baptismal Certificate on File <input type="checkbox"/> Yes <input type="checkbox"/> No Sacramental Prep Fee paid \$ _____ Date _____ CK # _____ CASH