

# YOUTH GROUP REGISTRATION

## GRADE 7 THROUGH GRADE 10

2022-2023

(PLEASE PRINT CLEARLY COMPLETING ALL SECTIONS)

FAMILY NAME \_\_\_\_\_

FATHER \_\_\_\_\_ MOTHER \_\_\_\_\_

MOTHER'S MAIDEN NAME \_\_\_\_\_

PHYSICAL ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
(If different from physical address)

HOME PHONE (\_\_\_\_) \_\_\_\_\_ CELL PHONE (\_\_\_\_) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

### STUDENT INFORMATION: (list which grade child is going into this year)

STUDENT \_\_\_\_\_ GRADE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

STUDENT \_\_\_\_\_ GRADE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

STUDENT \_\_\_\_\_ GRADE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

STUDENT \_\_\_\_\_ GRADE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

I give permission for my child/children's photo to appear in the parish bulletin or other publications.

### EMERGENCY INFORMATION:

CONTACT: (NAME & RELATIONSHIP TO STUDENT & PHONE #)

NAME \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ PH.# \_\_\_\_\_

**EXTENUATING CIRCUMSTANCES:**

Please list any physical/mental handicaps, behavioral issues, family crises, food/other allergies, etc. for the child/children you are registering:

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**SACRAMENTAL INFORMATION: To be completed for all new students.** (If sacrament was celebrated at St. Rose of Lima Church or Our Lady of the Snows Mission Church, list “SRL – on file”. If elsewhere, please complete fully so we may request a copy of sacramental records. Thank you!)

**STUDENT** \_\_\_\_\_

BAPTISM	_____	_____	_____
	CHURCH	CITY/STATE	DATE
FIRST COMMUNION	_____	_____	_____
	CHURCH	CITY/STATE	DATE
CONFIRMATION	_____	_____	_____
	CHURCH	CITY/STATE	DATE

**STUDENT** \_\_\_\_\_

BAPTISM	_____	_____	_____
	CHURCH	CITY/STATE	DATE
FIRST COMMUNION	_____	_____	_____
	CHURCH	CITY/STATE	DATE
CONFIRMATION	_____	_____	_____
	CHURCH	CITY/STATE	DATE

**STUDENT** \_\_\_\_\_

BAPTISM	_____	_____	_____
	CHURCH	CITY/STATE	DATE
FIRST COMMUNION	_____	_____	_____
	CHURCH	CITY/STATE	DATE
CONFIRMATION	_____	_____	_____
	CHURCH	CITY/STATE	DATE

**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

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