



Youth Ministry / Confirmation
REGISTRATION FORM - SECOND YEAR
Email: youthministry@saintpiusx.org

FAMILY LAST NAME: _____

Street Address: _____

City & Zip Code: _____

Phone Numbers: _____

Father Home / Cell / Other _____

Mother Home / Cell / Other _____

Father Email: _____

Prefer Email? Yes / No

Mother Email: _____

Prefer Email? Yes / No

FATHER/GUARDIAN INFORMATION

Name: _____

Religion: _____

Marital Status: Married ____ Separated ____

If married, were you married in the Catholic Church?

Yes ____ No ____

Other? _____

If Catholic, do you receive the Sacraments?

(i.e., communion, reconciliation) Yes ____ No ____

Occupation: _____

Work Phone# _____

Interested in volunteering? Yes ____ No ____

Volunteer areas are: *Teacher, Classroom Aide, Office Help, Crafts, Hospitality, youth leader, etc.*

If interested, what area would you be able to help in?

MOTHER/GUARDIAN INFORMATION

Name: _____

Religion: _____

Marital Status: Married ____ Separated ____

If married, were you married in the Catholic Church?

Yes ____ No ____

Other? _____

If Catholic, do you receive the Sacraments?

(i.e., communion, reconciliation) Yes ____ No ____

Occupation: _____

Work Phone# _____

Interested in volunteering? Yes ____ No ____

Volunteer areas are: *Teacher, Classroom Aide, Office Help, Crafts, Hospitality, youth leader, etc.*

If interested, what area would you be able to help in?

If divorced or separated, do parents share custody? Yes ____ No ____

Custody Arrangements: _____

Are there any other Court Orders or is there any other information we need to know to keep your child safe?

Circle one: **Yes** *(attach written explanation)* **No**

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, if none, write NONE)* _____

Medications: *(Please list all known allergies, if none known, write NONE KNOWN)* _____

1st Emergency Contact: (OTHER THAN PARENTS) _____

Relationship to Child _____ Phone: _____

2nd Emergency Contact: (OTHER THAN PARENTS) _____

Relationship to Child _____ Phone: _____

Family Doctor: _____ Phone: _____

Mom's Cell# _____ Dad's Cell# _____

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

Parents: Do you authorize the enrollment of your child in the Youth Ministry including the sacrament program at St. Pius X Catholic Church, and 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 the parent(s)

Parent/Guardian: ___ Yes ___ No Signature: _____

Authorization to Take, Release and Publish Photographs

Parents: Do you authorize the staff of St. Pius X Catholic Church to photograph, publish and post photographs of your child(ren) 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 teen's activities?

Parent/Guardian: ___ Yes ___ No Signature: _____

Registration Fee Check, Cash or Visa/Mastercard

Parents: I understand this \$100/Year for 1st child \$50/Year for each additional child. Additional \$150 for **Mandatory Confirmation Retreat** for 2nd Year and Catholic School students. The registration tuition fee secures a position for my child and is **non-refundable**.

Please complete form, attach payment and return to the Parish Office. **Make check payable to St. Pius X Church.**

Parent/Guardian Signature: _____ Date: _____