ST. ELIZABETH YOUTH MINISTRY

917 Montrose Road ✞ Rockville, MD 20852-4203 ✞ 301-881-1380

2020- 2021 Registration Form

FAMILY INFORMATION:

Child[ren]'s Last Name: ______________________________ Home Phone: (_____)______-_________

Children Attending: First Name: ______________________________ Grade: _____________ M____ F____

First Name: ______________________________ Grade: _____________ M____ F____

Address: Street: ______________________________

City, State & Zip Code: ______________________________

Child[ren] reside[s] with (check one): both parents _____ mother _____ father _____ other _____

PARENT INFORMATION:

Father's Name: ______________________________ Father's Country of Birth: ______________________

Occupation: ______________________________ Father's Religion: ______________________

Work Phone: (_____)______-_________ Cell Phone: (_____)______-_________

E-Mail (Required): ______________________________ (___ Add to monthly email list.)

Marital Status: (check one) Single______ Married______ Separated______ Divorced______ Widowed______

Mother's Name: ______________________________ Mother's Country of Birth: ______________________

Occupation: ______________________________ Mother's Religion: ______________________

Work Phone: (_____)______-_________ Cell Phone: (_____)______-_________

E-Mail (Required): ______________________________ (___ Add to monthly email list.)

Marital Status: (check one) Single______ Married______ Separated______ Divorced______ Widowed______

AUTHORIZATION TO PUBLISH PICTURES & ARTWORK

I hereby grant permission to St. Elizabeth Catholic Church to publish pictures of me and/or my child(ren) and any artwork created during youth group meetings on the church's website or in the church's promotional materials, newsletters, or bulletins. No names will be published without permission. I understand that if I give notice to the webmaster that I object to any particular picture of me and/or my child(ren), it will be removed as soon as possible. I understand that my child(ren) and I will not be paid any royalties or other compensation for the publication of any pictures. I further state that I have the right to grant or refuse this permission as I am the child's parent or legal guardian.

MEDICAL TREATMENT and INSURANCE INFORMATION

I hereby authorize any reasonable and necessary medical treatment, administration of anesthesia, and surgical treatment for my minor child(ren) in the event of my absence, or when the hospital or physicians *are unable to contact me.* This authorization extends to any hospital, physician, and nursing personnel on staff where treatment is rendered. I release from liability and waive all claims (with the exception of liability and claims resulting from gross negligence or willful misconduct) against St. Elizabeth Church, church staff, church volunteers, the hospital, physicians, and nursing personnel for performing reasonable and necessary medical procedures in accordance with the authority of this consent for medical treatment.

Insurance Company: ______________________ Identification Number: ______________________

Policy Number: ______________________ Group ID Number: ______________________

Child(ren)'s Full Names:

Child(ren)'s Full Names:

Parent Signature:

Please complete a half-sheet for each teenager.

STUDENT INFORMATION:

Name: ____________________ Date of Birth: MM DD YY
Last First Middle Nickname

School Attending: ____________________ Grade: __________

Languages spoken, written or read at home: ____________________

Does your child receive testing accommodations in school? ______ Yes ______ No

We ask you to share any learning disability, health challenge (include **ALLERGIES** and **MEDICATIONS**), language problem or home situation which may affect your teen's ability to learn or to participate fully in the Youth Ministry program.

SACRAMENTAL INFORMATION: *(Indicate the sacraments your teen has received within the Roman Catholic Church.)*

Baptism Date: __________ Church: ____________________

Church Address: ____________________
Number & Street City, State & Zip Code

Made First Reconciliation? ______ No ______ Yes Year & Parish: __________

Received First Communion? ______ No ______ Yes Year & Parish: __________

Been Confirmed? ______ No ______ Yes Year & Parish: __________

Complete a half-sheet for each child and return to the Parish Office with the previous page. **DO NOT DETACH!**

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