

Family Information

Parent/Guardian 1

First Name: _____ Last Name: _____ Home #: _____

Home Address: _____ City: _____

Zip: _____ Email: _____ Work #: _____

Cell Phone Number: _____ Receive Text Updates re: Ministry? Y / N

Parent/Guardian 2

First Name: _____ Last Name: _____ Home #: _____

Home Address: _____ City: _____

Zip: _____ Email: _____ Work #: _____

Cell Phone Number: _____ Receive Text Updates re: Ministry? Y / N

Student Information

Teen 1

First Name: _____ Last Name: _____ DOB: _____

M / F Grade: _____ School: _____ Parish: _____

Teen Email: _____ T-Shirt Size: _____

Teen Cell #: _____ Parent Permission to Text Teen re: Ministry? Y / N

Small Faith Group Request: _____

Teen 2

First Name: _____ Last Name: _____ DOB: _____

M / F Grade: _____ School: _____ Parish: _____

Teen Email: _____ T-Shirt Size: _____

Teen Cell #: _____ Parent Permission to Text Teen re: Ministry? Y / N

Small Faith Group Request: _____

Adult Volunteer Opportunities

"The harvest is abundant but the laborers are few; so ask the master of the harvest to send out laborers for his harvest." – Luke 10:2.

The greatest single thing you can do for our teens is give the gift of your time. Our ministry doesn't work without YOU.

Yes, I'm interested in possibly helping with (Check all that apply):

- | | | |
|---|---|---|
| <input type="checkbox"/> Core Team (Sunday Night Youth Group) | <input type="checkbox"/> Core Team (Small Faith Group Leader) | <input type="checkbox"/> Core Team (Wed Night Leader) |
| <input type="checkbox"/> Retreat Leader | <input type="checkbox"/> Prayer Team | <input type="checkbox"/> Food & Hospitality (mostly on Sundays) |
| <input type="checkbox"/> Special Events Chaperone/Driver | <input type="checkbox"/> Fundraising Team | <input type="checkbox"/> Service Projects Team |

Diocesan Emergency and Health Information

The Diocese requires a lengthy permission slip for every off-site or "special" event (not considered part of the regular youth ministry program). To cut down on the time spent repeatedly filling out the form throughout the year, please fill out the following information for our records:

Family Doctor: _____ Phone: _____

Family Dentist: _____ Phone: _____

Family Health Plan Carrier: _____

Policy Number: _____

In the event of an emergency, if you are unable to reach me at the numbers listed above, please contact:

Name: _____

Relationship: _____

Telephone: _____ Alternate Contact Number: _____

Allergic reactions (to medications, foods, plants, insects, etc.)?

Immunizations (date of last tetanus/diphtheria immunization):

Current medications being taken by child:

Medically-prescribed dietary restrictions?

Physical limitations?

Learning disabilities or related conditions (ADD, ADHD, reading or writing difficulties, etc.)?

History of severe homesickness, emotional reactions to new situations, sleepwalking, bed wetting, fainting?

Any recent exposure to contagious disease/condition, such as mumps, measles, chicken pox, Covid 19? If so, specify the date and the condition exposed to (please note vaccination status here if important):

Any dietary restrictions (other than allergies identified above)?

Any other special medical issues or other conditions to be aware of?
