

## Family Information

### Parent/Guardian 1

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Home #: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip: \_\_\_\_\_ Email: \_\_\_\_\_ Work #: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Receive Text Updates re: Ministry? \_\_\_\_\_

### Parent/Guardian 2

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Home #: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip: \_\_\_\_\_ Email: \_\_\_\_\_ Work #: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Receive Text Updates re: Ministry? \_\_\_\_\_

## Student Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ DOB: \_\_\_\_\_

M / F Grade: \_\_\_\_\_ School: \_\_\_\_\_ Parish: \_\_\_\_\_

Teen Email: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Teen Cell #: \_\_\_\_\_ Parent Permission to Text Teen re: Ministry? \_\_\_\_\_

Small Faith Group Request? Y / N \_\_\_\_\_

If I cannot be reached in case of an emergency, the bearer of this form is authorized to act on my behalf to seek medical treatment as they deem necessary for the teen(s) registered.

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Telephone: \_\_\_\_\_ Alternate Contact Number: \_\_\_\_\_

Are there any allergies, medical concerns or any other information you feel would be important or helpful for us to know about this child? \_\_\_\_\_

## 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                  |