

Saint Anthony Youth Ministry – Registration Form 2009-2010

Drop off completed form to Saint Anthony Parish with a check for \$25... payable to Saint Anthony Church

<i>Please Print – One Form for Each Student</i>				
Last Name:		First Name:		Nick Name:
Student E-Mail:			Date of Birth:	
Street Address:			Home Phone:	
City:		Zip:		Cell Phone:
School:		Year in School: (Circle One) 9 10 11 12		Gender:
Parish Registered:		Check Each Sacrament You Have Received		
Parish Most Attended:		Baptism	Reconciliation	Eucharist
T-Shirt Size (Adult Sizes): (Circle One) S * M * L * XL * XXL				Confirmation
Student Lives With: (Circle One) Mother & Father * Mother * Father * Other (Name & Relationship)				
Mother's Name:		Religion:		Father's Name:
Mother's Occupation:				Religion:
Mother's Work Phone:				Father's Occupation:
Mother's Cell Phone:				Father's Work Phone:
Mother's E-mail:				Father's Cell Phone:
Alternate Home Address:				Father's E-mail:
Siblings' Names & Ages:			FOR OFFICE USE ONLY Fee Paid: Check #:	
Additional Information:				

Please Complete Medical Form on Reverse Side

Medical and Emergency Information Release 2008-2009

Last Name:	First Name:	
<p>In case of accident or serious illness, I request the Saint Anthony Youth Ministry Program to contact me. If they are unable to reach me, I hereby authorize them to call the doctor and/or dentist indicated below, and follow his/her instructions. If it is impossible to contact said doctor and/or dentist, Saint Anthony Youth Ministry may make the necessary arrangements to seek medical care.</p>		
Mother's Name:	Father's Name:	
Physician's Name:	Dentist's Name:	
Physician's Phone:	Dentist's Phone:	
Medical Insurance Name:	Medical Insurance Number:	
<p>Names and numbers of people who can be reached in an emergency and can care for your child if Saint Anthony Youth Ministry is unable to reach you.</p>		
1. Emergency Contact Name:	Emergency Contact Phone -----	Home:
		Cell:
2. Emergency Contact Name:	Emergency Contact Phone -----	Home:
		Cell:
Allergies:		
Other Conditions:		
Parent Comments:		
Parent or Legal Guardian Signature:		Date: