

**St. Agnes Catholic Church**  
**TEEN YOUTH MINISTRY/YOUTH GROUP**  
**REGISTRATION FORM**

**High School Youth Ministry/Group 2011/2012**

**3966 Chestnut Avenue., Concord, CA 94519**

**(925) 689-0838 ext. 201**

**TEEN'S NAME:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_ **BIRTHDAY:** \_\_\_\_\_

**FAMILY LAST NAME:** \_\_\_\_\_ **HOME PHONE:** \_\_\_\_\_ **CELL #:** \_\_\_\_\_

**STREET ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**TEEN'S EMAIL ADDRESS:** \_\_\_\_\_

**PARENTS EMAIL ADDRESS:** \_\_\_\_\_

**MOTHER'S NAME:** \_\_\_\_\_ **RELIGION:** \_\_\_\_\_ **WORK #:** \_\_\_\_\_

**FATHER'S NAME:** \_\_\_\_\_ **RELIGION:** \_\_\_\_\_ **WORK #:** \_\_\_\_\_

**CHILD LIVES WITH (Circle the one that applies) Mother/Father/Both Parents/Guardian**

If either parent's name, address, or other information is different from above, please list that information below: Circle the one that applies: Mother/Father/Stepparent/Guardian

Name	Address	City	State	Zip	Phone
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Do you, the parent or legal guardian of the above named teen give your permission for us to display your child's picture participating at a Youth Group Activity on the St. Agnes Youth website? Yes \_\_\_\_\_ No \_\_\_\_\_ Parent Signature: \_\_\_\_\_

<p><b>Please make check for Youth Ministry</b> <b>Payable to :</b> <b><u>St. Agnes Church</u></b></p> <p><b>Fee: \$ 60.00 per child, per year <i>or</i></b> <b>\$ 30.00 per child, per year if</b> <b>your child is currently enrolled in the</b> <b>Confirmation Program at St. Agnes</b></p>	<p><b><u>For Office Use Only</u></b></p> <p><b>Reg. Received:</b> _____</p> <p><b>Check #:</b> _____</p> <p><b>Amount \$</b> _____</p> <p><b>Received by:</b> _____</p>
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Please complete attached Health Form