

St. Agnes Catholic Church
YOUTH MINISTRY REGISTRATION FORM
Middle School Youth Ministry 2011/2012
3966 Chestnut Avenue., Concord, CA 94519
(925) 689-0838 ext. 201

CHILD'S NAME: _____ **GRADE:** _____ **BIRTHDAY:** _____

FAMILY LAST NAME: _____ HOME PHONE: _____ CELL #: _____

STREET ADDRESS: _____ CITY: _____ ZIP: _____

CHILD'S EMAIL ADDRESS: _____ (Children will never be emailed anything except things that pertain to Youth Group. Parents will always be copied)

PARENTS EMAIL ADDRESS: _____ MARITAL STATUS: _____

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

Do you, the parent or legal guardian of the above named child 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>Please make check for Youth Ministry Payable to :</p> <p style="text-align: center;"><u>St. Agnes Church</u></p> <p>Fee: \$ 60.00 per child, per year \$ 110.00 family rate, per year</p>	<p><u>For Office Use Only</u></p> <p>Reg. Received: _____</p> <p>Check #: _____</p> <p>Amount \$ _____</p> <p>Received by: _____</p>
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Please complete attached Health Form