



**Holy Disciples
Senior High Youth Ministry
Grades 9 – 12
Registration 2018-2019**

For Office only
Received ___/___/___

Participant Information:

Name	Gender	DOB*	Grade 2018-19	Baptized Catholic	Already Received 1 st Comm.	Conf.	Medical Issues **
_____	M/F	_____	_____	Y/N	Y/N	Y/N	___
_____	M/F	_____	_____	Y/N	Y/N	Y/N	___
_____	M/F	_____	_____	Y/N	Y/N	Y/N	___
_____	M/F	_____	_____	Y/N	Y/N	Y/N	___

* DOB = Date of Birth

Address: _____

City, State, Zip: _____

Email: _____ Phone: _____

School Name _____

Do you text? Yes ___ No ___ Phone number _____

**(List any medical issues)

Are you registered in Holy Disciples Parish: Yes No (Circle One)

Parent Name: _____

Phone (if different from above): _____

Parent Email: _____

Parent Volunteer Information: We need your help to make this program a success. **Please choose at least one area you can commit to this year.**

- _____ Youth Night Team (assist with Sunday evening gatherings)
- _____ Shopper (Gather/buy needed items for events-food, craft, etc.)
- _____ Retreat or Rally Team (Assist on an all day or overnight event)
- _____ Coordinate Dinners
- _____ Provide a Youth Dinner
- _____ Assist with Service Projects
- _____ Driver (Assist with transportation to/from event)
- _____ Chaperone for special event (Movie/Game Night, service work, etc.)
- _____ Other (e.g. phone calling, music, office) Describe:

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Rcvd by _____

Fees: \$40 per child, \$100 maximum for families -

Cash _____ Check # _____ Amt _____ (# in K-5 _____ # in JH _____ # in SH _____)
Waived _____ Payment plan: (1st pmt.) _____ (2nd pmt.) _____ (3rd pmt.) _____