

Must be registered in Parish

*****For Office Use Only*****

Parish ID # _____
Date Paid _____
Cash _____
Check # _____
Online _____
Scholarship _____

**St. Jude Catholic Church
Family Faith Formation**

Teen Ministry Registration 2016-2017



**Class Fee
\$60.00
each child**

**(\$180.00 max./family
except all Sacraments)**

**Make check payable
to St. Jude Parish**

Please Print All Information Clearly

Family Name (Last) _____ Child's Last Name (if different) _____

Parent / Guardian First Names (both) _____

Address _____

City _____ Zip Code _____

Mother's Cell _____ Father's Cell _____

Primary Parent E-mail _____ (please notify us of email changes)

Emergency Contact Information: Name _____ Phone _____

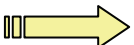


NOTE: This year we will be sharing program information with you in two different ways.

Parents will be notified of all program information/updates in weekly emails (please notify us of email changes)

Teens will be receiving weekly text reminders ONLY

EMERGENCY information will be sent by text



| Program Level | Student Name (First, Last) | Sunday PM 6:45-8:15 | Date of Birth (m/d/yr) | M/F | Grade 2016-2017 | Sacraments (Y/N) Bap. 1 st Euch. Conf. | Medical Issues/Allergies/ Other Information We Need |
|---|----------------------------|---------------------|------------------------|-----|-----------------|--|--|
| Connections Teen Ministry Grades 7 - 8 | _____ | | _____ | ___ | ___ | ___ | _____ |
| | _____ | | _____ | ___ | ___ | ___ | _____ |
| | _____ | | _____ | ___ | ___ | ___ | _____ |
| | _____ | | _____ | ___ | ___ | ___ | _____ |

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|--|----------------------------|---------------------|------------------------|-----|-----------------|--|--|
| Connections Teen Ministry Grades 9 - 12 | _____ | | _____ | ___ | ___ | ___ | _____ |
| | _____ | | _____ | ___ | ___ | ___ | _____ |
| | _____ | | _____ | ___ | ___ | ___ | _____ |
| | _____ | | _____ | ___ | ___ | ___ | _____ |

Special Release Information

Is there anyone who is **NOT** authorized to pick up your teen(s)? **

** Custody issues should be documented in the FFF Office

My child's photo may be taken/used for St. Jude Family Faith Formation promotional purposes. No names will be used. I understand that this registration information may be made available to St. Jude Staff and Family Faith Formation volunteers. Your initials here are acceptable as signature. **Parent Signature** _____ **Date** _____

