

# HOLY SPIRIT PARISH YOUTH GROUP REGISTRATION

## Grades 6-12

(Please print clearly so it is easy to read.)

Youth's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Adult's Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Adult's Email Address: \_\_\_\_\_ Youth's Religion: \_\_\_\_\_

Youth's Email Address: \_\_\_\_\_ Youth's Cell Phone: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Extracurricular Activities: \_\_\_\_\_

Sacraments Received:  Baptism  Reconciliation  Eucharist  Confirmation

Food Allergies/Special Nutrition Needs: \_\_\_\_\_

Medications/Special Medical Needs: \_\_\_\_\_

Comments/Learning Challenges/Concerns: \_\_\_\_\_

The Youth Group requires extra adult volunteers.

Would you be willing to participate as a:  catechist  chaperone  snack/food coordinator  driver

birthday/grad. coordinator  fund raiser coordinator  bulletin board decorator  event assistant  other

Please complete both sides of this form.