



**FAITH FORMATION REGISTRATION
HIGH SCHOOL YOUTH GROUP 2020-2021
GRADES 9-12
SUNDAY'S 2:00-4:00 PM**

Requirements: Families must be registered with St. John the Evangelist Parish.

Registration Date: Language(s) spoken at home:

PLEASE CHECK ALL THAT APPLY: My family is registered. I need a parish registration form.

Sacraments already received: Baptism First Communion Confirmation

Original Documents provided: Birth Baptism First Communion

Students will be eligible to receive Confirmation in their 2nd year of Youth Group (not before 7th Grade)

Registration Fees: \$40 (Check this to request a payment plan) Year in Youth Group
(1st, 2nd, 3rd, 4th)

May we use photos of your child for our parish website, bulletin boards, brochures, and newsletters? Names will not be included. Yes No

Important: Please list any special needs or disabilities that may affect your child's learning

Please list full legal name exactly as it appears on baptism certificate

Child's Baptismal Name, , Date of Birth
Last name First Male Female

Child likes to be called: Attends School at Grade at school
(As of Sept. 2020)

Mother: , Father: ,
Last First Last First

Mailing Address: city, zip

**** (Required) Parent phone # for text messaging: parent cell #1** **cell#2:**

**** (Required) e-mail address:**

Emergency Contact: Name **Phone#** **Relationship**

Classes 2020-2021

Classes will begin online virtually and Youth Ministry Coordinator will send information to parents by e-mail, on programs and how to connect with the classes. We will be communicating with parents by e-mail, text messaging, and direct phone calls. We ask parents to be present and check on their students regularly while they are on-line. Guidelines will be provided at parent meeting. I understand that students are expected to not miss more than 3 classes during the year and will communicate with coordinator if they are not able to attend because of illness or there is an emergency. I will check emails regularly for **information** updates. **Important:** Please notify us when you change your home address, contact phone numbers or e-mail

Addresses. Parent/Guardian Signature: Date:

OFFICE ONLY: PAID:	<input type="checkbox"/> CASH	<input type="checkbox"/> CHECK	<input type="checkbox"/> VISA/MC	Amount: \$ _____	Received by _____	Date _____
PAYMENT PLAN:	Amt/date/init _____		Amt/date/init _____		Amt/date/init _____	
Student Assigned in:	PDS _____	PDS# _____	Catechist _____	(no charge) Program	Coord. Initial _____	Date _____