



Registration for the 2017–2018 High School Youth Program

YOUTH INFORMATION: Family Registered at SFA? Y or N If Not, _____

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Home Phone: _____

School Attending: _____ Grade: 9 10 11 12

Date of Birth: ____/____/____ (Month / Day / Year of Birth) Sex: M or F

Sacramental information: Teen has received... (please check all that apply)

Baptism

Reconciliation

Eucharist

Confirmation

PARENT INFORMATION:

Father's Name: _____ Cell #: _____

Father's Email Address: _____ Work #: _____

Mother's Name: _____ Cell #: _____

Mother's Email Address: _____ Work #: _____

Primary Residence is With: (check one) Father Mother Both Both but in separate homes

If either parent lives at a different address and would like to have a duplicate of the mailings, please list that name and address here:

Name: _____

Address: _____ City: _____ Zip Code: _____

I give permission for photos of my child participating in youth events to be posted on the church website (without their name). Yes No

Program Payment Information: \$25 (please send me a scholarship request form _____)

(Office use Only) - Paid \$ _____ Check # _____ () Cash Date ____/____/____