

New to Life Teen?
☐ YES
□ NO

St. John the Evangelist Registration 2017-2018 SJE YOUTH MINISTRY

Please Print Clearly

CHECK				
SACRAMENTS				
NEEDED				

<u>NEEDED</u>				
Baptism				
☐ Eucharist				
☐ Confirmation				

	(()			
Family's Last Name		F	amily Home P	hone	
Address	City			Zip	
Mother's Name (First & Last)	Cell Phone			Religion	
Father's Name (First & Last)	Cell Phone Religio			Religion	
E-mail	E-mail				
Mother				ather	
Teen's Name (First & Last)	Birth Date	M/F	Grade	School	
1)					
2)					
Teen #1 Information					
E-mail	T-Shi	rt Size	S M L Z	XL 2XL	
Cell Phone #	Cell Phone Provider				
May we contact your teen with event	info and updates v	ia text mo	essages? Yes	No	
May we contact your teen on Social M	Media? Yes No	Activi	ties/Sports		
Please name any current friends in L	ife Teen				
Teen #2 Information					
E-mail	T-Shi	rt Size	S M L Z	XL 2XL	
Cell Phone #	Cell Pho	Cell Phone Provider			
May we contact your teen with event	info and updates v	ia text me	essages? Yes	No	
May we contact your teen on Social M	Media? Yes No	Activi	ties/Sports		
Please name any current friends in L	ife Teen				

The information below is confidential

Does your student have any special needs due to: a learning disability, physical disability, reading difficulty, hearing impairment, emotional problem, or any other circumstance we should be aware of?

Name of student			Special needs			
Descr	ribe any allergy, chronic illness or other conditions:					
Does	this student take any medications? Yes	No	List			
In ca	se of emergency, please contact:		Phone			
	Photo Releas (Please choose					
	I hereby grant permission for my child to be photographed and/or videotaped during Life Teen activities and events. I understand that my child may decline to be photographed and/or videotaped any time.					
	I further grant permission for the resulting photographs and/or videotaped footage to be edited, if necessary, and then published and/or broadcast on social media or parish websites for the purpose of promoting Life Teen at the St.John the Evangelist Church Community.					
	I hereby <u>decline</u> to grant permission for my child to be photographed and/or videotaped during Life Teen activities and events. I have instructed my child to decline to be photographed and/or videotaped at all times. I have further instructed my child to notify the Director of Youth Ministry and/or Core Team Members that he/she may not be photographed and/or videotaped under any circumstances.					
	Name (PLEASE PRINT)					
	(SIGNATURE)					

FAMILY PHOTO NEEDED PLEASE SUBMIT AT THE TIME OF REGISTRATION

Official Use Only				
□ Flock T □ Flock P				
□ No Comm □ S.M.				
Photo				