

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 2017-2018



**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(s) _____ (please notify us of email changes)

Emergency Contact Information: Name _____ Phone _____

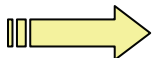


NOTE: This year we will be sharing program information with you in two different ways.

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 6:30-8:00	Date of Birth (m/d/yr)	M/F	Grade 2017-2018	Sacraments (Y/N) Bap. 1 st Euch. Conf.	Medical Issues/Allergies/ Other Information We Need
Connections Teen Ministry Grades 7 - 8	_____		_____	___	___	___	_____
	_____		_____	___	___	___	_____
	_____		_____	___	___	___	_____
	_____		_____	___	___	___	_____

Program Level	Student Name (First, Last)	Sunday PM 6:30-8:00	Date of Birth (m/d/yr)	M/F	Grade 2017-2018	Sacraments (Y/N) Bap. 1 st Euch. Conf.	Medical Issues/Allergies/ Other Information We Need
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** _____

