



Amt. Due: _____
Amt. Pd: _____

LIFE TEEN Registration Form

We will be communicating by e-mail whenever possible

YOUTH'S FULL NAME: _____
BIRTH DATE: _____ GENDER _____ GRADE _____
YOUTH'S SCHOOL: _____
YOUTH'S EMAIL ADDRESS: _____
PARENT'S EMAIL ADDRESS: _____

FAMILY'S LAST NAME: _____ HOME PHONE NUMBER _____
ADDRESS: _____ CITY, ZIP _____
FATHER'S FULL NAME: _____
MOTHER'S FULL NAME: _____

I would like to minister to LIFE TEEN by helping to set up on Sunday afternoon _____
I would like to minister to LIFE TEEN by preparing one meal _____
Does your teen have any special needs due to a learning disability, physical disability, reading difficulty, hearing impairment, emotional problem, or any other reason?
NAME OF TEEN: _____ SPECIAL NEED: _____

Describe any allergy, chronic illness or other conditions: _____

Does this child take any medication? YES _____ NO _____
List the name of medication: _____
My child has no special needs _____

In case of emergency, please contact: _____ PHONE: _____

High School Youth has NOT been baptized in the Catholic Church: _____
Registered at St. Matthews YES _____ NO _____

I hereby grant permission for my child to be photographed to be published and/or videotaped during LIFE TEEN activities and events. I understand that my child may decline to be photographed and/or videotaped for the purpose of promoting LIFE TEEN and/or youth programs at St. Matthews. I also grant permission for my child to correspond via email and facebook.

Name (PLEASE PRINT) _____
SIGNATURE _____ DATE _____

LIFE TEEN MEETS EVERY SUNDAY EVENING FOLLOWING 6:00 MASS UNTIL 9:00.
FRIEND ARE ALWAYS WELCOME