Youth Ministry Registration

St. Anne Catholic Church

Check all that youth will be involved in:

|  |  |
| --- | --- |
| Programs | Classes |
| Edge Ministry (Middle School) (6th-8th grade)  | Wednesdays 6:00pm – 7:30pm |
| Lifeteen Ministry (High School) | Sundays 6:00pm - 7:30pm (+additional opportunities) |
| Confirmation  | Sundays 5:00pm-6:00pm |

Household Name:

Address:

Father (or guardian): Mother (or guardian):

Phone: Phone:

Email: Email:

Religion: Religion:

I would love to serve by: (Training Available!)

* Leading Small Groups
* Bringing Meals
* Speaking at Youth Nights
* Chaperoning Retreats
* Other
* Leading Small Groups
* Bringing Meals
* Speaking at Youth Nights
* Chaperoning Retreats
* Other

Teens’ Name(s):

Birthdate: School: Grade in Fall 2017:

Teens’ Email(s): Teens’ Cell(s):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Youth Name | Has Been Baptized | Has Received Reconciliation | Has ReceivedCommunion | Has Received Confirmation |
|  | Y N | Y N | Y N | Y N |
|  | Y N | Y N | Y N | Y N |

Please fill out all sections and return with payment to Youth Ministry Coordinator. Questions: Call Randi at (541) 476.5802 or email at rlauby@stannegp.com.

St. Anne Family Medical Release

I, the undersigned, parent ( ), legal guardian ( ), give my permission for my son/daughter (please list below), to be evaluated, diagnosed and treated by authorized medical personnel in the case of emergency. 911 must be called.

Child’s Name: Allergies

Medications:

Insurance Carrier: Insurance ID #

 Emergency Contact (other than Parent or Guardian):

 Name: Phone:

I I hereby release St. Anne Catholic Church, Archdiocese of Portland and their employees or chaperones, of all liability and claims of any nature that may arise or result form the participation in the St Anne’s activities. It is further understood and agreed that, I hereby authorize St. Anne Church and its employees or chaperones to secure the necessary services for my youth in the event of an accident or illness. Further, I will be solely responsible for the payment of these services.

 Parent / Guardian Signature: Date:

Photo, Video, Email, Text Release:

I hereby give my permission to St. Anne Catholic Church to use photographs, video, email and/or text of the student(s) listed as deemed appropriate for the promotion of St. Anne Catholic Church including, but not limited to, parish bulletin, website, parish videos, St. Anne social media and parish brochures.

Parent/Guardian Signature: Date:

Permission to register (parents/guardians and teens) on Flocknote for infrequent text and email updates:

Parent/Guardian Signature: Date:

Registration Fees:

* **Registration costs**: $40 per child (high school and middle school).
* Cost for over 4 children in family is $160 total with other fees waived.
* **Confirmation**: $120.00 (Includes book, retreat cost and supplies).

\*These costs help to cover supplies and resources for the programs each child is enrolled in. Talk to your Coordinator for payment and/or Scholarship options. Please make checks payable to St. Anne Catholic Church.