

Our Mission: "To know Christ better and to make Him better known."

Junior High Registration Form 2017-2017

ST. RAYMOND PARISH

EDGE Program

Registered at St. Raymond Parish? YES NO If No, Name of Church: _____

Family Name: _____ Home Phone: _____

Address: _____
(Primary mailing address) City State Zip

Father: _____ Cell Phone: _____
First MI Last

Father's E-mail: (Please print clearly) _____

Father's Occupation (optional): _____ Work Phone: _____

Mother: _____ Cell Phone: _____
First MI Last Maiden Name

Mother's E-mail (please print clearly) _____

Mother's Occupation (optional): _____ Work Phone: _____

In Case of Emergency: _____ Phone: _____
(Other than guardian)

Relationship: _____

Participant's Name:

Teens E-Mail: _____ Gender: _____

Date of Birth: _____ Place of Birth: _____
City State

Grade Entering Sept. 2017: _____ School: _____

Baptism: _____ Needs to be Baptized?
Date Received Church and Address
(Check Box If Needed)

Reconciliation: _____ Needs Reconciliation?
Date Received Church and Address
(Check Box If Needed)

1st Eucharist: _____ Needs 1st Eucharist?
Date Received Church and Address
(Check Box If Needed)

(Please Complete Other Side)

HEALTH AND MEDICAL INFORMATION

Family Physician: _____ Phone: _____

Address _____
City State Zip

Medical Plan: _____ Plan Number: _____

Do you authorize the adult leader to authorize medical treatment for your youth in an emergency, as considered necessary by the attending physician? Yes No

State any reasons why you do not want medical care given to your youth in an emergency: _____

List all conditions (such as allergies, seizures) for which your youth requires ongoing medication and state the type and frequency of medication given: _____

Has your youth had difficulty with the following: (please check all that apply)

- Asthma Fainting Spells Convulsions Diabetes Heart Eyes Ears
- Nose Throat Lungs Digestion Other: _____

List any physical restriction or restriction for any activity on the basis of medical condition: _____

Allergy or reaction to any medications? No Yes, list: _____

Date of your youth's last physical examination: _____

I certify that the above information is accurate and will notify the Youth Ministry Office of any changes that occur after the date below. I grant permission for my child(ren) and members of my family named on this form to be photographed and/or videotaped during Youth Ministry & Faith Formation Activities and events; and for the resulting photographs and/or videotaped footage to be edited, if necessary, and be published and/or broadcast (newspaper, church bulletin, Church/diocesan website, etc.) For the purpose of promoting the activities of St. Raymond Parish. I give permission for my family/teen's contact information to be shared with those involved in the liturgical ministry they sign up for as well as shared with their small group leader.

(Signature of Parent or Guardian)

(Date)

50% of tuition fees must be received with registration form.

Credit Cards accepted in office only. Checks payable to St. Raymond Youth Ministry

(All returned checks are subjected to a \$5.00 service charge)

TO BE COMPLETED BY ST. RAYMOND PARISH STAFF MEMBER ONLY

- EDGE Program - \$140.00 \$ _____
- Early Bird Discount (By June 30, 2017) - \$25.00...\$ _____
- Each Additional High School Youth Discount -\$20.00 \$ _____
- TOTAL DUE \$ _____
- Amount Enclosed \$ _____
- Balance Due (will be billed) \$ _____
- Payment Plan Needed (check box).....

For Office Use Only:
Date Received: _____
Date Entered: _____
Check # _____
Credit Card used
Amount _____