St. Jane Frances de Chantal

Youth Ministry High School Registration 2019-2020

Child's Name			Male	Female
Address	First	MI	Apt. # _	
City	Stat	te	Zip Code	
Phone (H) (Please print clearly)	Mother's Cell		Father's Cell	
Active Email Address: N (Please print clearly)	lother		Father	
Child's Date of Birth	Child's	E-mail		
School Grade for 2019-20			19-20	
My child is interested in some serve as an unappearable serve as an unappearable serve.	usher, lector, or mu =======	sician for Mas	ss: Yes No ==========	
Father's Name	Last		_ Occupation	
May we contact you for supp	oort as <i>volunteers, dr</i>	vivers, or chape	erones this year? Yes	No
Mother's Name	Last		Occupation	
May we contact you for supp			•	
Relationship to Child =========				
Are you a registered paris	hioner of St. Jane o	le Chantal? Y		
Has your child been baptize Confirmation Yes No		_ First Co	mmunion Yes N	o
I do I do not give my permapproved by the Director of Faith appropriate request.				
Please see the back of this form.				
Parent/Guardian Signature Optional: On the back on like us to help with this y	this form, please list	t your son/daug	ghter's areas of grow	
Tuition for the 2019-2020 y Or register on-line at			ecks payable to "St. J rmation/religious-ed-k	
Official Use: Date Subm **Tuition provides SMASH meals	itted: (materials, and guest spe			e announced

These are areas I think my child can grow in or things I'd like to see in Youth Ministry:				
We rely on parents to volunteer their time and talent to High School Youth Ministry. I am willing to volunteer for the following (check all you are interested in):				
Chaperoning events				
Help provide meals				
Driving students to S.O.M.E. or other service activities				
Lead a small group on occasion				
Participate in a retreat				
Lead a Youth band/choir at the 5pm SMASH Mass				
Participate in the 5pm SMASH Mass band/choir				
play an instrument				