## St. Anthony Parish—Youth Ministry Program 2023—2024 EDGE Registration Form • Grades 6, 7, 8

YOUTH INFORMATION - Please complete ALL information								
LAST	FIRST	M/F	GRADE	DATE OF BIRTH	BAPTISM	FHC	CONF	
NAME	NAME		FALL 23	MM/DD/YYYY	Y/N	Y/N	Y/N	
Cell Phone: Email:								
Name of School:								
PARENT / GUARDIAN INFORMATION - Please complete ALL information								
Parent (1):(F	irst Name)			(La	ıst Name)			
Cell PH: Alt PH:								
Email:								
Parent (2):(F	First Name)			(La	ıst Name)			
Cell PH: Alt PH:								
Email:								
Address:			City	:	Zip: _			
PARISH INFORMATION & REGISTRATION FEES								
Registered at St. Anthon If no, name of home par	•			NO				
O	Registration Fee: In Parish:  1 Child: \$150 1 Child: \$175						<u>I:</u>	
CASH Y/N:			CHECKY	//N:				
RECIPT GIVEN Y/N:			STAFF:					

MASS INFORMATION							
Check the Saturday / Sunday Mass you and/or your family attend every weekend: 5 PM (Sat)							
7:30 AM 9 AM 10:30 AM Noon (SP) 1:30 PM (SP) 5 PM (Sun)							
LITURGY INFORMATION							
Are you already in a / an Liturgical Ministry (check all that apply) for which Mass:  Yes Mass Time							
Altar Server Usher Eucharist Minister Lector Sacristan Choir							
No (If "NO" please note that your child would have to join a Liturgical Ministry as part of the Youth Ministry program)							
Mass Time Altar Server Usher Eucharist Minister Lector Sacristan Choir							
MEDICAL/ALLERGY INFORMATION							
Food / Environmental Allergies—Please check all that apply:							
Wheat Dairy Eggs Soy Peanuts							
Tree nuts All Nuts Fish Shellfish Nature							
Medical Allergies/Restrictions—Please list:							
Medication(s) - Please list:							
EMERGENCY INFORMATION - Please complete ALL information							
Emergency Contact: Mother/Father/Guardian C #:							
In event of emergency, I give my permission for my child to be treated by local authorities/hospital & transported if necessary.							
Signature of Parent/Guardian:							
List one relative/neighbor who will assume temporary care of your child if you cannot be reached:							
Name: Cell #:							

## PARENT / GUARDIAN AUTHORIZATION & CONSENT FORMS

also apply to written composition or visual art (image	maybe taken of youth ministry events and gatherings. This may ges of work). St. Anthony Parish—Youth Ministry would like s/images of work for flyers, parish and diocesan publications,
, , , , , , , , , , , , , , , , , , , ,	is registration to be included in photographs, videos, and other Projects, Retreats, and/or Mission Trips from October 2023—
•	s registration to be included in photographs, videos, and other Projects, Retreats, and/or Mission Trips from October 2023—
Signature:	Date:
cally with minors. Any and all digital networking and Zoom meetings, Instagram and Facebook with particestricted to matter concerning classes, youth minister registration forms. This form will be filed in a concerning to communicate with the Youth is in compliant	the Youth Minister—Mona Fonseca, communicates electronical communication including but not limited to email, Flocknote, ish youth will be ministry related and NOT personal in nature, stry events, parish events, school events, athletic/event schedule onfidential folder for parish use only. Mona Fonseca is authorace with the Archdiocese of Seattle Safe Environment Policy emails, texts, Zoom meetings or other direct communications
You may contact my Youth directly	You may not contact my Youth directly
Signature:	Date:
accident and injury to the Youth named on this for events. I further authorize any staff of St. Anthony	f Seattle, its staff and volunteers from any and all liability from m during Youth Group and other Youth Ministry related Parish (including but not limited to the youth minister, Pastor, 25) to seek medical treatment for my child during the event, inted necessary by a physician.