

St. Anthony Parish—Youth Ministry Program
2024—2025 CONFIRMATION PREP Registration Form • Grades 7—12

YOUTH INFORMATION - Please complete ALL information

LAST NAME	FIRST NAME	M/F	GRADE FALL 24	DATE OF BIRTH MM/DD/YYYY	BAPTISM Y/N	First Comm Y/N	CONF Y/N

Student Cell Phone: _____ Email: _____

Name of School: _____

PARENT / GUARDIAN INFORMATION - Please complete ALL information

Parent (1): _____
 (First Name) (Last Name)

Cell PH: _____ Alt PH: _____

Email: _____

Parent (2): _____
 (First Name) (Last Name)

Cell PH: _____ Alt PH: _____

Email: _____

Address: _____ City: _____ Zip: _____

PARISH INFORMATION & REGISTRATION FEES

Registered at St. Anthony Parish? YES _____ NO _____

If no, name of home parish? _____

Registration Fee: In Parish: 1 Child: \$200 _____

Registration Fee: OUT-OF-PARISH: 1 Child: \$250 _____

CASH Y/N: _____ CHECK Y/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 #: _____

CERTIFICATES NEEDED

Birth Certificate:

Needed to properly document the name of the youth on their Confirmation Certificate

Baptism Certificate

Needed by the Archdiocese of Seattle and St. Anthony Church to
verify that this sacrament has been received

First Holy Communion Certificate

Needed by the Archdiocese of Seattle and St. Anthony Church to
verify that this sacrament has been received

WHICH PARISH WERE SACRAMENTS RECEIVED IN?

		Other Parish
Sacrament of Baptism		
Sacrament of First Holy Communion		

CERTIFICATES ATTACHED

<u>Birth Certificate</u>	___ attached	___ verified
<u>Baptism Certificate</u>	___ attached	___ verified
<u>First Holy Communion</u>	___ attached	___ verified

PARENT/GUARDIAN VOLUNTEER OPPORTUNITIES

Please check areas you would like to be involved in:

- | | |
|---|--|
| <input type="checkbox"/> Provide Snacks for CP Nights | <input type="checkbox"/> Core Team Leader |
| <input type="checkbox"/> Serve snacks for CP nights | <input type="checkbox"/> Planning Team for special activities/events |
| <input type="checkbox"/> Monetary Donation for Bibles | <input type="checkbox"/> Special Events Driver |
| <input type="checkbox"/> Monetary Donation for Board Games | <input type="checkbox"/> Special Events/Activities Chaperone |
| <input type="checkbox"/> Monetary Donation for CP supplies | <input type="checkbox"/> Summer Mission Trip Leader |
| <input type="checkbox"/> Any help you need, just let me know! | |

PARENT / GUARDIAN AUTHORIZATION & CONSENT FORMS

Photography and Video (September 2024—May 2025):

From time to time, photographs and video/sound maybe taken of youth ministry events and gatherings. This may also apply to written composition or visual art (images of work). St. Anthony Parish—Youth Ministry would like to be able to use these photographs, videos/sounds/images of work for flyers, parish and diocesan publications, parish website, and social media (St. Anthony Facebook and Instagram page).

____ I hereby grant permission for my child on this registration to be included in photographs, videos, and other recordings taken at St. Anthony Parish, at Service Projects, Retreats, and/or Mission Trips from October 2024—May 2025).

____ I do not grant permission for my child on this registration to be included in photographs, videos, and other recordings taken at St. Anthony Parish, at Service Projects, Retreats, and/or Mission Trips from October 2024—May 2025).

Signature: _____

Date: _____

Electronic Communications with Youth (September 2024—May 2025):

In order to ensure utmost transparency and parental involvement, St. Anthony Parish has created this consent form so that parents and guardians may select how the Youth Minister, communicates electronically with minors. Any and all digital networking and communication including but not limited to email, Flocknote, Zoom meetings, Instagram and Facebook with parish youth will be ministry related and NOT personal in nature, restricted to matter concerning classes, youth ministry events, parish events, school events, athletic/event schedule or registration forms. This form will be filed in a confidential folder for parish use only. The Youth Minister is authorized to communicate with the Youth is in compliance with the Archdiocese of Seattle Safe Environment Policy with St. Anthony Parish. You will be notified when emails, texts, Zoom meetings or other direct communications are being sent to your Youth.

____ You may contact my Youth directly

____ You may not contact my Youth directly

Signature: _____

Date: _____

Liability Release (September 2024—May 2025):

I hereby release St. Anthony Parish, Archdiocese of Seattle, its staff and volunteers from any and all liability from accident and injury to the Youth named on this form during Youth Group and other Youth Ministry related events. I further authorize any staff of St. Anthony Parish (including but not limited to the youth minister, Pastor, Parochial Vicar, and Church staff, over the age of 25) to seek medical treatment for my child during the event, including anesthesia, surgery, and/or x-rays as deemed necessary by a physician.

Signature: _____

Date: _____