

St. Benedict Catholic Church

Youth Ministry Registration, 2020-2021



Parent/Guardian Information:

Full Name: _____
Relationship to Student: _____
Address: _____
City: _____ Zip Code: _____
Email: _____
Home Phone: _____
Cell Phone: _____
Religion: _____ Marital Status: _____
Registered Parishioner: Yes-____ No-____

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Relationship to Student: _____
Address: _____
City: _____ Zip Code: _____
Email: _____
Home Phone: _____
Cell Phone: _____
Religion: _____ Marital Status: _____
Registered Parishioner: Yes-____ No-____

Stewardship:

____ Middle School Mentor ____ Substitute Mentor ____ Special Events (retreat, outings, etc.)
____ High School Mentor ____ Guest Speaker ____ Please contact me when a need arises

Student Information:

Last Name: _____ First Name: _____ Nickname: _____
Birthdate: ____ / ____ / ____ Grade: ____ School Attending: _____
Sex: Male-____ Female-____ Baptized: Yes-____ No-____ Confirmed: Yes-____ No-____
Allergies / Health Notes: _____

Last Name: _____ First Name: _____ Nickname: _____
Birthdate: ____ / ____ / ____ Grade: ____ School Attending: _____
Sex: Male-____ Female-____ Baptized: Yes-____ No-____ Confirmed: Yes-____ No-____
Allergies / Health Notes: _____

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Sex: Male-____ Female-____ Baptized: Yes-____ No-____ Confirmed: Yes-____ No-____
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Sex: Male-____ Female-____ Baptized: Yes-____ No-____ Confirmed: Yes-____ No-____
Allergies / Health Notes: _____

OFFICE USE ONLY:

Waiver Received? _____ Registration Paid? _____