



St. Therese Parish
Carmelite Youth Ministry



*DATE: _____

***PLEASE PRINT CLEARLY**

YOUTH/CHILD INFORMATION:

Last Name: _____	First Name _____	MI _____
Birth Date: _____	Age _____	
School/Home School Name: _____	GRADE: _____	

Home Address: _____

City: _____ State _____ Zip Code _____

Home Phone: () _____

Parish: _____

PARENT INFORMATION:

Father's Name: _____ Cell Phone: (____) _____

Mother's Name: _____ Cell Phone: (____) _____

Home phone #: _____

Youth lives with: ___ Father & Mother ___ Father ___ Mother ___ Guardian

Guardian Name: _____ Home Ph: (____) _____ Cell Ph: (____) _____

Relationship to Student _____

Youth e-mail address: _____

Parents willing to periodically assist with snacks or chaperone an event?:	YES	NO
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St. Therese Parish Carmelite Youth Ministry

Parent e-mail address: _____

_____ I give permission for my teen's photo to be taken during activities, meetings, or events by ministry leaders or those delegated by them. Photos may be used on social media sites by staff or other students.

EMERGENCY INFORMATION – non-parent

Please contact (if unable to reach parents)

Name: _____

Telephone: (____) _____ Relationship to Student: _____

YOUTH'S MEDICAL INFORMATION:

Health problems or conditions: _____

Medications: _____

Allergies: _____

Food allergies: _____

Parent's Signature: _____

SACRAMENTS RECEIVED	
Baptism?:	Yes No
Eucharist?:	Yes No
Confirmation?:	Yes No