

St. Mark
6th Grade Youth Ministry Registration
2017-2018



Youth Information: This information is used periodically by our staff and volunteers to contact your child.

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code _____

Age: _____ Grade in Fall '17 _____ School Attending _____

Date of Birth _____ (month/Day/year) Sex: M or F

Home Phone: _____ Teen Cell Phone: _____

Parent Information: This information is used periodically by our staff and volunteers to contact you

Best E-Mail To Contact _____

Father's Name _____ Cell# _____

Mother's Name _____ Cell# _____

Primary residence is with: (check one) ___ Father ___ Mother ___ Both

****Please Note: we send parent E-mail updates once a month that include information regarding upcoming events and .pdf files of all permission slips & calendars.****

If you do not wish to receive these please mark here _____

Please indicate the forms of communication we are allowed to use with your child:

Cell Phone: ___ Texting: ___ Facebook: ___ E-Mail ___ None: ___

Parent Signature: _____ Date _____

**There is no registration fee for Youth Ministry thanks to the faithful
stewardship of our parishioners.**