

**St. Mark
Youth Ministry Registration
2016-2017**

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 '16 _____ School Attending _____

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

Home Phone: _____ Teen Cell Phone: _____

Teen E-Mail Address: _____

Teen Facebook Name: _____

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 _____

Youth Ministry Payment Information: Scholarships are available – This fee should in no way inhibit students from attending any youth group or youth ministry event. The fee goes to offset expenses of food and materials. Please make checks payable to St. Mark Catholic Church and include payment when turning in this form.

\$85 per Child/Year

Office Use Only: Paid \$ _____ () Check # _____ () Cash Date ____/____/____