

Middle School Youth Group

Grades 6 - 8

Registration Form 2019-2020

TBD: 5:30-7:00 pm

First Name _____

Last Name _____

Grade _____ Date of Birth _____

Sibling Names:

Mother/Guardian

Father/Guardian

Name _____

Name _____

Address _____

Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Cell Phone _____

Cell Phone _____

Home Phone _____

Home Phone _____

Work Phone _____

Work Phone _____

email _____

email _____

Religion _____

Religion _____

Marital Status: Married Divorced Widowed Single

Child resides with _____

Mail should be addressed to _____

Sacraments received: Baptism Reconciliation First Eucharist Confirmation

The sacrament of Confirmation is offered to 8th grade youth who have received Baptism, Reconciliation, and Communion. Two years of middle school youth group participation is recommended with the second year requiring one to two **additional** nights per month. Please indicate if your 7th or 8th grade youth is interested in being Confirmed.

Confirmation Preparation _____ Current middle school grade of youth

Materials Utilized for MSYG and Confirmation: YouCat, DoCat, Called to be Catholic, Dynamic Catholic, other supplemental resources.

Transportation needs:

Persons Allowed to pick up child:

Can you help with carpooling? yes no

How many extra seats_____

Does your child speak a language other than English as their first language?

yes no Language_____

Does your child have any medical conditions, disabilities, or special needs?

yes no

If yes, how can we help your child participate as fully as possible:

Emergency Contact Information (other than parent):

Name_____ Phone:_____ Relationship:_____

Name_____ Phone:_____ Relationship:_____

Name_____ Phone:_____ Relationship:_____

Emergency Medical Care Consent Form:

The Cathedral of the Nativity of the Blessed Virgin Mary is authorized to secure emergency medical care for my child when a parent cannot be reached at the time of emergency. A parent will be responsible for the emergency medical charges upon receipt of statement. The preferred doctor is:_____

Date_____

Signature of Parent/Guardian

Relationship to Student