



Registration 2019-2020
 Middle School Youth Group
 and Faith Formation.
 Sundays 9:15-10:45 am
 6th - 7th - 8th grade.



YOUTH'S FULL NAME _____ NICKNAME _____

BIRTH DATE _____ GENDER _____ GRADE _____ T-SHIRT SIZE _____

SCHOOL _____

Please list all information pertaining to allergies, diet, special medications, health conditions or any other information necessary in an emergency situation. Especially food allergies. Explain fully:

Sacraments and date received: (circle each received)

Baptism _____ Reconciliation _____ Eucharist _____ Confirmation _____

Has your child participated in the Rite of Christian Initiation for Children? Yes / No Date _____

Are you registered members of the Catholic Church of the Holy Spirit? Yes / No

Family's Last Name _____ Home Phone Number _____

Address _____ City, State ZIP _____

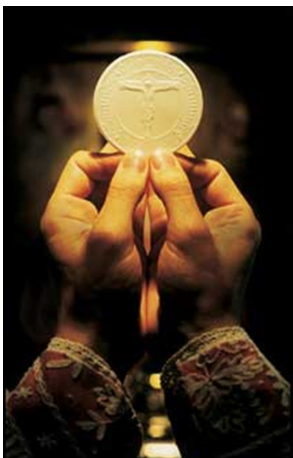
Father's Full Name _____ Mother's Full Name _____

Father's Cell Phone _____ Mother's Cell Phone _____

PRIMARY PARENT EMAIL: _____

Emergency contact and relation to participant _____

Emergency Phone Number _____



EDGE Registration Fee \$25.00 per child

Make Checks payable to: *Catholic Church of the Holy Spirit Youth Ministry.*
 Registration forms and fees are due by September 30th, 2019.
 Please turn in to Deacon Bob Gregerson at the parish office or at Edge in the youth room.

For Office Use:
 Amount Paid _____ Cash/Check # _____ Date Received _____