



**Registration 2017-2018
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. Explain fully:

Sacraments and date received: (circle each received)

Baptism _____ **Reconciliation** _____ **Eucharist** _____ **Confirmation** _____

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** _____

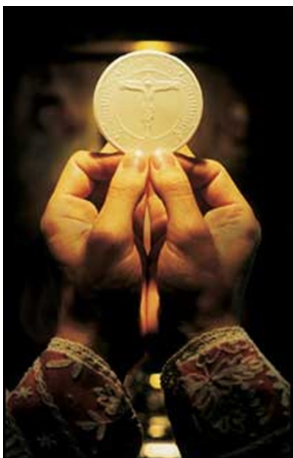
Father's Full Name _____ **Mother's Full Name** _____

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

PRIMARY PARENT EMAIL: _____

Emergency contact and relation to participant _____

Emergency Phone Number _____



EDGE Registration Fee

\$20.00 per child

**Make Checks payable to: *Catholic Church of the Holy Spirit Youth Ministry.*
Registration forms and fees are due by October 1st, 2017.
Please turn in to Deacon Bob Gregerson at the parish office or at Edge.**

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