



# St. Patrick's YOUTH

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Text OK?

Email: \_\_\_\_\_

*Note: By saying yes to text or providing your email address you will be notified of events, schedule changes and pertinent information via Flocknote messages.*

Approved Adult/Emergency Contact Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Are you registered at St. Patrick?     Yes     No (Note: If you are not you will need to register)

Does St. Patrick have permission to use pictures of my youth for the website and other materials deemed appropriate as means to promote our programs.     Yes     No

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Text OK?

Baptized? Church: \_\_\_\_\_ City/State: \_\_\_\_\_

1<sup>st</sup> Communion?     Confirmation?

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

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Baptized? Church: \_\_\_\_\_ City/State: \_\_\_\_\_

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Baptized? Church: \_\_\_\_\_ City/State: \_\_\_\_\_

1<sup>st</sup> Communion?     Confirmation?

**Signature of Parent(s):** \_\_\_\_\_