

Christ Our Redeemer Youth Ministry Registration Form (one per family)

Family Name:	Home Phone:	
Mother's Name:	Mother's Email:	Mothers Cell:
Father's Name:	Father's Email:	Father's Cell:
Mailing Address:		
Emergency Contact Name:	Emergency Contact Relation:	Emergency Contact Phone:

Tuition: First child: \$80 Each additional child: \$60 *Family cap: \$200	Tuition total:	Check number (or state cash):
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Please fill out the following for each youth in your household:

Youth (1) Name:	Youth Grade:	Youth Gender: Male Female	Sacraments Received: (circle all that apply) Baptism First Communion Confirmation
Youth email:	Youth cell:	T-shirt size:	
Youth Special Needs: Please provide and information to help your youth to fully understand they are actively engaged in. All information is held strictly confidential	Youth medical needs, please list any allergies:	Youth learning needs:	Other:

Youth (2) Name:	Youth Grade:	Youth Gender: Male Female	Sacraments Received: (circle all that apply) Baptism First Communion Confirmation
Youth email:	Youth cell:	T-shirt size:	
Youth Special Needs: Please provide and information to help your youth to fully understand they are actively engaged in. All information is held strictly confidential	Youth medical needs, please list any allergies:	Youth learning needs:	Other:

Youth (3) Name:	Youth Grade:	Youth Gender: Male Female	Sacraments Received: (circle all that apply) Baptism First Communion Confirmation
Youth email:	Youth cell:	T-shirt size:	
Youth Special Needs: Please provide and information to help your youth to fully understand they are actively engaged in. All information is held strictly confidential.	Youth medical needs, please list any allergies:	Youth learning needs:	Other:

Youth (4) Name:	Youth Grade:	Youth Gender: Male Female	Sacraments Received: (circle all that apply) Baptism First Communion Confirmation
Youth email:	Youth cell:	Youth t-shirt size:	
Youth Special Needs: Please provide and information to help your youth to fully understand they are actively engaged in. All information is held strictly confidential	Youth medical needs, please list any allergies:	Youth learning needs:	Other:

Youth (5) Name:	Youth Grade:	Youth Gender: Male Female	Sacraments Received: (circle all that apply) Baptism First Communion Confirmation
Youth email:	Youth cell:	Youth t-shirt size:	
Youth Special Needs: Please provide and information to help your youth to fully understand they are actively engaged in. All information is held strictly confidential.	Youth medical needs, please list any allergies:	Youth learning needs:	Other: