

The Church of St. Peter/241Broadway/Saratoga Springs, NY 12866
Office of Youth Ministry/587-5182
ppoulette@nycap.rr.com

Name _____ Male _____ Female _____

Prefers to be called: _____

Address _____

Phone _____ Birthdate _____ City/State of Birth _____

School Attending _____ Grade as of September 2009 _____

Student's E-mail address: _____

Family Information

Mother _____

(first) (maiden) (last) (religion)

Address _____

Phone: Home _____ Work _____ Cell _____

Father _____

(first) (last) (religion)

Address _____

Phone: Home _____ Work _____ Cell _____

Parents Email address(es) _____

How best (way/place) to be reached- Email? Cell? Home or work phone? (circle one)

Sacramental History (if other than St. Peter, please bring original certificate AND we will copy)

Baptism (place and date) _____

Holy Eucharist (place and date) _____

Reconciliation/Confession (place and date) _____

Confirmation (place and date) _____

**** PLACE, DATE AND GRADE LEVEL COMPLETED OF MOST RECENT ENROLLMENT IN A RELIGIOUS EDUCATION/YOUTH MINISTRY PROGRAM**:**

REGISTRATION FEE IS DUE AT TIME OF REGISTRATION

Please make checks payable to The Church of St. Peter

_____ \$55.00 per child (one or more children)

_____ \$45.00 per child (if paid by June 15)

_____ \$115.00 (3 or more children per family)

_____ \$100.00 (3 or more children per family if paid by June 15)

**FEES ARE WAIVED FOR CATECHISTS
SEE SEMESTER SCHEDULE FOR SESSION TIMES.**

Office Use: Cash _____ Check # _____ Amount _____ Date Received _____

PLEASE FILL OUT THE BACK OF THIS FORM

For Office Use: Grade _____ Catechist _____

Does your son/daughter have any medical conditions such as allergies, ADD or ADHD, etc. or is your child on medication that we and their catechist should be made aware of?

Please list any other information that we and your son/daughter's catechist should be made aware of....recent divorce, death in the family, etc. _____

As a member of the Catholic Faith Community, I realize the importance of making a serious effort to participate in an active way in the life of the Community of St. Peter's Catholic Church. The most important aspect of this is attending weekly Mass and Mass on Holy Days of Obligation. In recognition of the importance of my role as parent in the Faith life of my child, I pledge myself to provide a Christian example for my son/daughter as lived out in the Catholic tradition. This means that I am pledging that if my son or daughter has to miss scheduled class time, my son/daughter will do the make up work. **Chronic Absenteeism** from scheduled class sessions may result in your teen repeating the grade level.

Volunteers are the core of our Youth Ministry program. Our program cannot function without them. Will you please consider volunteering in some capacity? Our need is great.

I would like to volunteer in the following way(s):

Catechist _____ or Assistant Catechist _____

Grade Level Preference _____ (regular or occasional)

Chaperone/Driver for Trips _____

Share your specialty with us (once) _____

Help with community service events: _____ Youth Committee Member: _____

Sponsor/Mentor for Confirmation _____

Confirmation Reception _____

Prayer Rituals' Discussion Leader _____

Hospitality Volunteer, assist with co ordination, set up, clean up for meetings of teens and parents,

Or occasional receptions. _____

Signature of Parent

Date

In case of an emergency, please list a phone number where you can be reached during class time _____

RELEASE AND CONSENT FORM

Name _____ Age _____ Grade _____

Parish _____ City _____

I, _____ (parent or legal guardian), the undersigned, give my permission for my youth to attend any and all activities related to Youth Ministry for the school year 2009-2010 that are held on the grounds of St. Peter's Church (all other activities will require a separate permission slip) and, if needed, to be evaluated, diagnosed, treated, and/or medicated in accordance with standard medical practice by licensed medical personnel. I relieve the Church of St. Peter and the Adult Youth Ministry leadership person of all responsibility and consequences that may arise as the result of this treatment. I will not hold St. Peter's parish or the Adult Youth Ministry leadership person responsible in the event of injury. Further, I agree to accept any and all financial responsibility as a result of scheduling such treatment.

My youth agrees to abide by all rules and regulations decided upon by St. Peter's parish and the Adult Youth Ministry leadership person of the event. I understand that neither St. Peter's parish nor the Adult Youth Ministry leadership person of the event will be held liable if my youth fails to cooperate with said regulations and that any infractions of the rules may result in immediate dismissal from the event. I further understand that I will be responsible for any costs or other requirements for immediate transportation home.

Signature of Parent/Guardian _____ Date _____

MEDICAL INFORMATION

Allergies? _____

Required medications (please indicate dosage, frequency, etc.) _____

Special medical conditions _____

Date of last tetanus booster _____

Insurance Carrier _____ Policy Carrier _____

Policy Number _____

In case of emergency and I can't be reached please notify:

Relation to Youth _____ Phone _____

Signature of Parent/Guardian _____ Date _____

Address w/zip _____

Phone number _____

PLEASE FILL OUT THE BACK OF THIS FORM

Roman Catholic Diocese of Albany
MEDICAL CONSENT, PERMISSION AND RELEASE FORM

I, _____, the parent or legal guardian of _____ authorize the employees (Adult Youth Ministry leadership person) and chaperones (with proper diocesan credentials) of St. Peter's Parish to obtain emergency medical treatment, should it be necessary, during my teen's attendance and participation in all activities related to Youth Ministry for the school year 2009-2010 that are held on the grounds of St. Peter's Church. All other activities will require a separate permission form.

I understand that I will be notified immediately should it become necessary to obtain emergency treatment. The persons(s) who should be notified and the telephone number(s) are:

Name _____ Telephone _____

Name _____ Telephone _____

I consent and give permission for my teen's participation and attendance in this activity/program. In consideration of my teen's attendance and participation, I hereby, for myself, my heirs, executors, administrators and assigns, waive and release any and all claims for damages I may have against St. Peter's Parish, The Roman Catholic Diocese of Albany, New York, their representatives, chaperones, employees, successors, and assigns arising out of any and all injuries by my teen while participation in this activity/program.

Date ____ / ____ / ____ Signature _____

As a youth of St. Peter's Parish, I understand and agree to follow the rules and regulations as determined by the St. Peter's Youth Ministry Program, and the Diocese of Albany for this activity/program. I also understand and agree that I will notify my parent or guardian at the time of any violations requiring my dismissal from the program/activity and that I will be sent home at my own and/or parent's/guardian's expense.

Parent/Guardian

Youth Participant

Signature _____

Signature _____

Date ____ / ____ / ____

Date ____ / ____ / ____

Please list any allergies, including food allergies: _____

Transportation: _____

CHURCH OF ST. PETER
OFFICE OF YOUTH MINISTRY
241 BROADWAY
SARATOGA SPRINGS, NY 12866

PERMISSION FOR PHOTOGRAPH/VIDEOTAPES/FILMS
AND TAPE RECORDINGS
SCHOOL YEAR
September, 2009 – May 2010

I hereby authorize and give my consent for the taking of pictures (moving or still) of
_____ and further give my permission for their reproduction for:

1. Teaching Purposes Only _____
2. News Releases _____
3. Publications _____
4. Community Awareness Programs _____
5. Newsletter _____
6. Church of St. Peter Website _____

Date

Signature

Relationship

This space may be used to state any restrictions you may have on the above.