



2022-2023 Youth Ministry Registration

Head of Household's Information:

Full Name: _____

Relationship to Child: _____ Religion: _____ Marital Status: _____

Phone: _____ Email address: _____

Full mailing address: _____

Sacraments (that you as head of household have received):

Baptism

Reconciliation

Confirmation

Eucharist

Matrimony* (in the Catholic Church by a Priest or Deacon)

Would you be interested in completing any missing sacraments? _____

What language is spoken in your home? _____

Spouse's Information:

Full Name: _____

Relationship to Child: _____ Religion: _____ Marital Status: _____

Phone: _____ Email address: _____

Full mailing address: _____

Sacraments (that you have received):

Baptism

Reconciliation

Confirmation

Eucharist

Matrimony* (in the Catholic Church by a Priest or Deacon)

Would you be interested in completing any missing sacraments? _____

What language is spoken in your home? _____

If child(ren) lives with one parent/guardian, please indicate here who has legal custody and/or if the child also lives with a step-parent: _____

If there is a joint custody arrangement, please provide an alternate full address: _____

Parishioner Information:

Are you a registered parishioner at St. Bernadette Parish? _____

If not, would you like information to register? _____

1st Child's Information:

Full Name: _____

Date of Birth: ____/____/____ Gender: Male Female Cell Phone Number: _____

Grade: ____ School: _____ School District: _____

T-Shirt Size: _____

What language does your child speak at home: _____

What language does your child read/write most fluently: _____

Was your child in Edge/Life Teen/Religious Education at St. Bernadette last year? Yes No

Was your child in Religious Education at another parish last year? Yes No

If yes, what parish did they attend (including city, state)? _____

Religious Background:

Has your child ever been baptized? Yes No I am not sure.

If yes, please provide the following information:

In what denomination was your child baptized? _____

Date or approximate age when your child/teen was baptized? _____

Place of Baptism (name of Church): _____

Address (if known): _____

If your child was baptized as a Catholic, please provide the following information:**Reconciliation (Confession)**

Church Name: _____ Date: _____ City/State: _____

Confirmation

Church Name: _____ Date: _____ City/State: _____

Eucharist (First Communion)

Church Name: _____ Date: _____ City/State: _____

Special Needs:

Please let us know if your child has any of the following special needs so we can better serve him/her:

ADD or ADHD

Epilepsy

Autism (please describe below)

Allergies: _____

Down Syndrome

Health Concerns: _____

Hearing or Visually Impaired

Other: _____

Please Explain: _____

2nd Child's Information:

Full Name: _____

Date of Birth: ____/____/____ Gender: Male Female Cell Phone Number: _____

Grade: ____ School: _____ School District: _____

T-Shirt Size: _____

What language does your child speak at home: _____

What language does your child read/write most fluently: _____

Was your child in Edge/Life Teen/Religious Education at St. Bernadette last year? Yes No

Was your child in Religious Education at another parish last year? Yes No

If yes, what parish did they attend (including city, state)? _____

Religious Background:

Has your child ever been baptized? Yes No I am not sure.

If yes, please provide the following information:

In what denomination was your child baptized? _____

Date or approximate age when your child/teen was baptized? _____

Place of Baptism (name of Church): _____

Address (if known): _____

If your child was baptized as a Catholic, please provide the following information:**Reconciliation (Confession)**

Church Name: _____ Date: _____ City/State: _____

Confirmation

Church Name: _____ Date: _____ City/State: _____

Eucharist (First Communion)

Church Name: _____ Date: _____ City/State: _____

Special Needs:

Please let us know if your child has any of the following special needs so we can better serve him/her:

ADD or ADHD

Epilepsy

Autism (please describe below)

Allergies: _____

Down Syndrome

Health Concerns: _____

Hearing or Visually Impaired

Other: _____

Please Explain: _____

3rd Child's Information:

Full Name: _____

Date of Birth: ____/____/____ Gender: Male Female Cell Phone Number: _____

Grade: ____ School: _____ School District: _____

T-Shirt Size: _____

What language does your child speak at home: _____

What language does your child read/write most fluently: _____

Was your child in Edge/Life Teen/Religious Education at St. Bernadette last year? Yes No

Was your child in Religious Education at another parish last year? Yes No

If yes, what parish did they attend (including city, state)? _____

Religious Background:

Has your child ever been baptized? Yes No I am not sure.

If yes, please provide the following information:

In what denomination was your child baptized? _____

Date or approximate age when your child/teen was baptized? _____

Place of Baptism (name of Church): _____

Address (if known): _____

If your child was baptized as a Catholic, please provide the following information:

Reconciliation (Confession)

Church Name: _____ Date: _____ City/State: _____

Confirmation

Church Name: _____ Date: _____ City/State: _____

Eucharist (First Communion)

Church Name: _____ Date: _____ City/State: _____

Special Needs:

Please let us know if your child has any of the following special needs so we can better serve him/her:

ADD or ADHD

Epilepsy

Autism (please describe below)

Allergies: _____

Down Syndrome

Health Concerns: _____

Hearing or Visually Impaired

Other: _____

Please Explain: _____

Emergency Contact:

Name: _____ Relationship: _____

Cell Phone Number: _____

Name: _____ Relationship: _____

Cell Phone Number: _____

Photo Release:

I, _____, give my permission to St. Bernadette Parish to use any photographs that may be taken during religious formation for promotion of catechetical programs and Edge/Life Teen.

Date: _____

Medical Release:

I, _____, give my permission to St. Bernadette Parish, including the youth minister and volunteers, to get emergency medical treatment for my child if I cannot be contacted.

Date: _____

Flocknote Permission:

I, _____, give my permission to St. Bernadette Parish to contact me or my teen through Flocknote, a texting and emailing service, to communicate about the religious education program, events, etc.

Date: _____

Ministry Opportunities:

Are you interested in being a core member for either Edge or Life Teen? Yes No

**COMPLETE THIS SECTION ONLY IF OPTING OUT
OF SAFE ENVIRONMENT EDUCATION FOR CHILDREN/YOUTH:**

If you choose to have your child NOT attend the Safe Environment lesson during their religious education program, please indicate below.

I choose to have my child(ren) (list names) _____

NOT ATTEND the safe environment lesson during religious education.

Parent/Guardian Signature: Date: _

In addition to completing this form, we ask that you pay the Youth Ministry Registration Fee of \$75 per Life Teen youth. You may submit payment online, over the phone, at the front office, or in person at Life Teen.
Scholarships are available - please inquire for a separate application.