



**St. Agnes Catholic Church
EDGE – JUNIOR HIGH YOUTH
MINISTRY
REGISTRATION FORM
2018/2019**



**3966 Chestnut Avenue, Concord, CA 94519
(925) 689-0838 ext. 201**

Child's Information: *please print*

LAST NAME: _____ **FIRST NAME:** _____

Birthdate: _____ Male Female

School Attending: _____ Grade: _____

Food Allergies: (Y/N) If yes please explain: _____

My child **HAS** received the following sacraments:

Baptism First Communion Reconciliation (Confession) Confirmation

Family Information

Father's Name: _____ Cell: (____) _____

Mother's Name: _____ Cell: (____) _____

Address/City/Zip: _____

Family e-mail: _____ Home Phone: (____) _____

Please print clearly

Child lives with (Circle the one that applies) Mother/Father/Both Parents/Guardian

Do you, the parent or legal guardian of the above named child give your permission for us to display your child's picture participating at Youth Ministry Activities in our church bulletin?

Yes No Parent Signature: _____



**Please make check for Youth Ministry
Payable to : St. Agnes Church

Fee: \$ 90.00 per child, per year**

Please complete and return with the attached Health Form.