



Corpus Christi Catholic Church SENIOR YOUTH GROUP REGISTRATION

Ages 13 - 18

Today's Date _____

*Forms may be turned in to
the office in person or by
mail. ATTN: Stacey*

Senior Youth Group is involved in mentoring/helping the other programs as well as doing their own outreach projects and continuing discussion of the Liturgy, being involved in Mass ministries, and playing a key role in parish events, church camps, and special celebrations. Sundays, 11 AM - Noon

PLEASE TAKE THE TIME TO READ EACH SECTION CAREFULLY AND CHECK/SIGN THE PROPER PLACES.

FAMILY LAST NAME: _____ HOME PHONE: _____
ADDRESS: _____
ZIP: _____
FAMILY EMAIL ADDRESS _____

Updates, monthly reminders/calendars, and permission forms will be sent via email.

FATHER'S NAME (Stepfather/Guardian/Etc.) at above address: _____
WORK PHONE: _____ CELL PHONE: _____
EMAIL ADDRESS: _____
MOTHER'S NAME (Stepmother/Guardian/Etc.) at above address: _____
WORK PHONE: _____ CELL PHONE: _____
EMAIL ADDRESS: _____

EMERGENCY CONTACT NUMBER: (OTHER THAN PARENTS/GUARDIANS LISTED ABOVE)

NAME: _____
PHONE: _____ RELATIONSHIP TO YOUTH/FAMILY _____

#1 YOUTH'S NAME: _____ GRADE: _____
DATE OF BIRTH: _____ SCHOOL: _____
EMAIL ADDRESS: _____ CELL PHONE _____
Circle Sacraments Needed: Baptism, Eucharist, Reconciliation, Confirmation

#2 YOUTH'S NAME: _____ GRADE: _____
DATE OF BIRTH: _____ SCHOOL: _____
EMAIL ADDRESS: _____ CELL PHONE _____
Circle Sacraments Needed: Baptism, Eucharist, Reconciliation, Confirmation

#3 YOUTH'S NAME: _____ GRADE: _____
DATE OF BIRTH: _____ SCHOOL: _____
EMAIL ADDRESS: _____ CELL PHONE _____
Circle Sacraments Needed: Baptism, Eucharist, Reconciliation, Confirmation

OFFICE USE ONLY:

Date Turned In/Initials: _____

Entered in DATABASE: _____ Date Entered/Initials - Shelby: _____

Parish Where Registered: _____