

**High School Registration Form**  
**Saint Elizabeth Ann Seton Youth Ministry**

**Participant Information**

Name \_\_\_\_\_

Address: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

High School Graduation year: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sacraments received:

\_\_\_ Baptism \_\_\_ Eucharist \_\_\_ Reconciliation \_\_\_ Confirmation

Participant resides with: \_\_\_ both parents \_\_\_ mother \_\_\_ father

**Medical Conditions**, medications, or special circumstances regarding participant:

**Parent Information**

Mother's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Day ( ) \_\_\_\_\_ Evening ( ) \_\_\_\_\_

Father's Name \_\_\_\_\_

Address: (if different) \_\_\_\_\_

Phone: Day ( ) \_\_\_\_\_ Evening ( ) \_\_\_\_\_

**Parent program participation: I would be willing to serve as a: \_\_\_ Driver, \_\_\_ Chaperone, \_\_\_ Adult Team Member (Training available)**

**Emergency Contact Person:**

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone ( ) \_\_\_\_\_

**No registration fee is required, however, a donation to cover some of the program costs would be appreciated. My teen has permission to participate in the St. Elizabeth Ann Seton Youth Ministry Program.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_