

St. Anne Youth Group Registration

Your Name: _____ Parent/Guardian Name: _____

Address: _____ City: _____ Zip code: _____

Date of Birth: _____ Grade: _____ School: _____

E-Mail: _____ Home Phone: _____

MySpace: _____ Parents' Cell Phone: _____

Facebook: _____ Your Cell Phone: _____

Twitter: _____ Other Phone: _____

Best Contact: home-phone cell-phone email Myspace facebook

What are your hobbies?

What school sports or activities are you involved in?

What is your favorite thing about your faith?

What is keeping you from growing in your faith? (i.e. TV, Music, etc.)

What do you want to know more about regarding your faith:

Which Sacraments have you received?

Baptism: _____ First Communion: _____ Confirmation: _____

If you are in high school and have not yet been confirmed do you want to receive Confirmation this year? _____

St. Anne Youth Ministry Contact Information:

High School: Hans Mueller Mid High: Mark & Kathy Johnson

Phone: 476-5802 Phone: 476-8507, 479-4848

Email: hmueller@stannechurch.com Email: mjohnson@stannechurch.com

ARCHDIOCESE OF PORTLAND
Student/Youth Emergency Information and Procedure Form

Student Name _____ Home Phone # _____

Address _____ City _____ State _____ Zip _____

School Attending _____ Date of Birth _____ Grade Level _____

Parent(s)/Guardian(s) _____

Person with whom student is living _____

In case of illness, accident or emergency to the student named above, the Archdiocese of Portland and its representatives are authorized to proceed as indicated below (thoroughly complete the following information and number each item 1, 2, 3, etc., in the order of desired action you wish us to take).

Contact _____, Day Phone # _____ Other Phone # _____

Contact _____, Day Phone # _____ Other Phone # _____

If Above Cannot Be Located, Contact _____ Phone # _____

Contact Family Physician (if possible) _____ Phone # _____

Take Student to Nearest Emergency Hospital _____

Other _____

Last Tetanus immunization or booster date _____

Allergies (food, drugs, insects, etc.) _____

Is child presently on any medications? Yes No If so, state name, dosage, reason for drug and prescription physician _____

Please note any injuries, recent surgery, prolonged illness, current medication, corrective lenses or special health problems that would help emergency personnel care for your child or which may require special attention

Name of Medical Insurance Company _____

Group or I.D. Number _____

I authorize the Archdiocese of Portland and its representatives to use their judgment in determining emergency care and procedures for my child. I also understand and agree that the Archdiocese assumes no financial obligation for expenses incurred in carrying out emergency procedures and/or emergency transportation.

Parent/Guardian Signature

Date

PLEASE UPDATE THIS INFORMATION ANNUALLY AND RETAIN IN STUDENT/YOUTH FILE

WEBSITE PHOTOS

Archdiocesan Guidelines permit us to put pictures of youth up on our website with parental permission. Pictures will always be of multiple teens, and captions will not include names.

CHILD'S NAME: _____ PHONE: _____

ADDRESS: _____ CITY & ZIP: _____

SCHOOL: _____ GRADE: _____

PARENTS NAME: _____

*******Permission SLIP*******

I _____, give my permission for photos including my child, _____, to be posted on St. Anne's Youth Group Website. The activity advisors of St. Anne's Catholic Church shall accept no responsibility for any consequences, as a result of these photos being posted.

Signature of Parent
Or Legal Guardian _____ Date: _____

Parent Participation

Name: _____
Child's Name: _____
Address: _____
City: _____ Zip: _____
Home Phone: _____ Cell Phone: _____

What do you want your child to learn this year? What topics would you like to have covered? What are your expectations of Youth Ministry?

What topics (if any) would you rather not have your child exposed to (i.e. theology of the body, substance abuse issues, etc.)

Please fill out this next section if you are willing and able to participate in any way. The more you are involved with youth ministry, the better for you, the better for us and the better for your child (even if they don't think so).

I can help with:

- Bringing snacks to youth group
- Making phone calls
- Driving kids to/from events. My car holds ___ people
- Chaperoning afternoon/evening events
- Chaperoning overnight/weekend events
- Being a Guest Speaker. Topic: _____
- Other Miscellaneous