



# St. Anthony of Padua Youth Ministry 2016-2017

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<p><b>Sacraments Celebrated</b></p> <p><input type="radio"/> <b>Baptism</b> Date: _____</p> <p><input type="radio"/> <b>First Eucharist</b> Date: _____</p> <p><input type="radio"/> <b>Confirmation</b> Date: _____</p>	<p><b>Please check one of the Life Teen Categories:</b></p> <p><input type="radio"/> LIFE TEEN: Preparing for Sacraments of Confirmation</p> <p><input type="radio"/> LIFE TEEN: Fully Initiated <i>I have already been confirmed and want to continue my faith formation and participate in Life Teen High School Youth Ministry</i></p> <p><input type="radio"/> LIFE TEEN: Visitor - <i>I am just visiting today and would like more information</i></p>
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\*\*\*PLEASE PRINT CLEARLY\*\*\*

Student Name: \_\_\_\_\_  
First Middle Last Nick Name

Address: \_\_\_\_\_  
City State Zip Code

*If parents are separated or divorced, please list whom the student lives with as **Primary** contact. If there are any other situations related to custody we should be know about, please advise on a separate sheet of paper.*

Parent (Guardian) Names: \_\_\_\_\_  
Primary (1<sup>st</sup>) Secondary (2<sup>nd</sup>)

Parent Address: \_\_\_\_\_  
Primary Secondary

1<sup>st</sup> Parent/Guardian Home #: \_\_\_\_\_ 2<sup>nd</sup> Parent Guardian Home #: \_\_\_\_\_

1<sup>st</sup> Parent/Guardian Cell #: \_\_\_\_\_ 2<sup>nd</sup> Parent Guardian Cell #: \_\_\_\_\_

Text Ok?  Yes  No

Text Ok?  Yes  No

1<sup>st</sup> Parent Guardian email: \_\_\_\_\_

2<sup>nd</sup> Parent Guardian email: \_\_\_\_\_

Student Cell: \_\_\_\_\_ Text Ok?  Yes  No

Student email: \_\_\_\_\_

2016-17 Grade: \_\_\_\_\_ Name of School: \_\_\_\_\_ Birthday (mm/dd/yy): \_\_\_\_\_

**REGISTRATION FEES:** Life Teen \$65 \*Seeking 1<sup>st</sup> Year \$250 \*Discerning 2<sup>nd</sup> Year \$250

Registered: \_\_\_\_\_

\*These fees offset the cost of materials, supplies and retreats necessary for the program. Arrangements can be made for families in need of assistance. **No one will be denied instruction for financial reasons.** Please make checks payable to St. Anthony of Padua Parish.

**Parent Medical and Liability Release Statement:** I understand that in the event medical intervention is needed every attempt will be made to contact me or the emergency contacts immediately. In the event I cannot be reached, I hereby give my consent to any

COMPLETE OTHER SIDE

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emergency medical, dental or related care which may be needed and deemed necessary to my child while participating in classes or activities at St. Anthony of Padua Parish Faith Formation Program during the 2016-2017 school year. I agree not to hold St. Anthony of Padua Parish, Archdiocese of San Francisco, its leaders, employees or volunteer staff liable for damages, losses, diseases or injuries incurred by the subject of this form.

Family Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Hospital: Novato Kaiser Marin Other: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Information (List only friends/relative who live nearby and can be easily reached by phone.)		
Emergency Name:	Home Phone:	Cell Phone:
Emergency Name:	Home Phone:	Cell Phone:

**VIDEO/PHOTO/AUDIO VISUAL PERMISSION:** I also understand and consent to the use of any videotape, photographs, slides, audio tapes and any other visual or audio production in which my child may appear by St. Anthony of Padua Parish. I understand that these materials are being used for the promotion of St. Anthony Parish that includes volunteer recruitment, internet/social media, and fund raising efforts.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Dear Parents**, I am asking each of you to partner with us. Let's make St. Anthony Parish Faith Formation and Youth Ministry a place where our youth desire to come, grow, share and prayerfully choose to follow Jesus Christ. This can only happen if parents lead by example in their faith and service. Please prayerfully consider where God is calling each of you to help share the Gospel with our younger generation through words and actions. I understand that you may want to give your youth space, however without help we cannot serve the needs of our youth for Faith Formation and youth ministry programs at St. Anthony Parish. As Mother Teresa says, *Do small things with great love!*

**Parents: Check ONE area (more is always great) where you can partner with us!**

This helps us to know where you are interested in helping. We will call you and discuss before assigning you to a ministry.

<u>Teaching and Office Ministries</u>	<u>Events Ministry</u>	<u>Chaperone &amp; Driving Ministries</u>
€ *Elementary Small Group Leader (Sep-May Wed or Sun)	€ Registration - XLT, Retreats, etc.	€ *Retreat April 28-30, 2017
€ *Core Team for EDGE or Life Teen (1 year commitment)	€ Prayer Partner	○ Driver
€ *Confirmation Small Group Leader (Aug - May)	€ Fundraising	○ Potluck
€ Environment Edge or Life Nights (Sun/Wed day/time varies)	€ Photography or filming	€ *West Coast Walk for Life 1/21/2017
€ Office Help	€ Birthday Outreach Ministry	€ Lock Ins (overnight gathering)
€ Snacks	€ Wherever I am needed:	€ *Steubenville San Diego July 2017
€ Bulletin Stuffing (as needed)	○ Weekdays   M T W Th	€ *Drivers for events, concerts, etc.
	○ Weeknights   M T W Th	
	○ Weekends   Fr Sa Su	

\*All Chaperone & Driving Ministries and others marked with \* require one time Safe Environment Training.