

STUDENT(S) INFORMATION

CHILD'S NAME _____ GRADE IN 2024-2025 _____ SCHOOL DISTRICT _____

Male Female DATE OF BIRTH _____ CITY & STATE OF BIRTH _____

Date of Baptism: _____ Church where Baptized (incl City/State) _____

A copy of the child's baptismal certificate must be on file. Please include a copy if this is the first time you are enrolling.

Does this child have any allergies or medications we should be aware of? Yes No

If yes, please specify: _____

Please share anything you feel we should know about your child to help us make their FF/YM experience the best possible (special needs, IEP information, social/emotional needs, etc). This information will be kept in strict confidence and shared only with catechists as needed. _____

CHILD'S NAME _____ GRADE IN 2024-2025 _____ SCHOOL DISTRICT _____

Male Female DATE OF BIRTH _____ CITY & STATE OF BIRTH _____

Date of Baptism: _____ Church where Baptized (incl City/State) _____

A copy of the child's baptismal certificate must be on file. Please include a copy if this is the first time you are enrolling.

Does this child have any allergies or medications we should be aware of? Yes No

If yes, please specify: _____

Please share anything you feel we should know about your child to help us make their FF/YM experience the best possible (special needs, IEP information, social/emotional needs, etc). This information will be kept in strict confidence and shared only with catechists as needed. _____

CHILD'S NAME _____ GRADE IN 2024-2025 _____ SCHOOL DISTRICT _____

Male Female DATE OF BIRTH _____ CITY & STATE OF BIRTH _____

Date of Baptism: _____ Church where Baptized (incl City/State) _____

A copy of the child's baptismal certificate must be on file. Please include a copy if this is the first time you are enrolling.

Does this child have any allergies or medications we should be aware of? Yes No

If yes, please specify: _____

Please share anything you feel we should know about your child to help us make their FF/YM experience the best possible (special needs, IEP information, social/emotional needs, etc). This information will be kept in strict confidence and shared only with catechists as needed. _____

PARENT INVOLVEMENT

We appreciate you sharing your time and talent with the children and teens in our parishes. Please indicate if you are interested in volunteering in any of the following areas:

- _____ Catechist (Grade Level _____) _____ Substitute catechist as needed
- _____ Children's Liturgy of the Word _____ Office Volunteer _____ YM Chaperone
- _____ Baking for various events – we will contact you via email as needed

For the safety of our children all volunteers who come in contact with youth are required to complete an application, a standard code of conduct, safe environment training and background checks.

For Office Use Only:

Date Rec'd: _____

Payment: _____

___ Cash Or Check # _____

Bapt. Cert: _____

PDS Data Updated _____

Enrolled _____

Added to Session _____

PR Card Updated _____

Family Folder _____