

**ST. ELIZABETH ANN SETON  
FAITH FORMATION REGISTRATION FORM  
MIDDLE/HIGH SCHOOL 2011-2012**

Date: \_\_\_\_\_ FEE: \$85 PER FAMILY Check # \_\_\_\_\_  
After 8/31 FEE: \$100 PER FAMILY

PARENT 1 NAME: \_\_\_\_\_

PARENT 2 NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

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

HOME PHONE #: \_\_\_\_\_ -- -- PARENT E-MAIL: \_\_\_\_\_

FATHER'S CELL #: \_\_\_\_\_ -- -- MOTHER'S CELL #: \_\_\_\_\_ -- --

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**ADULT/PARENT VOLUNTEERING:** Please CHECK the BOX and WRITE YOUR NAME on the line below to indicate your interest and to find out how **YOU can be involved** in our Faith Formation Ministry. Checking the box is NOT an obligation to commit, it is simply a way to find out more information.

\_\_\_\_\_

I'm interested in being involved as a:  Small Group Co-Leader (our greatest need)  Office Aide

My preferences:  6<sup>th</sup>  7<sup>th</sup>  8<sup>th</sup>  WED 4:30  WED 6  SUN 4:30  SUN 7:15  
 9<sup>th</sup>  10<sup>th</sup>  SUN 4:30  SUN 7:15

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**PLEASE NOTE:**

Filling out this Middle/High School Registration Form **will not** automatically enroll a family member in a class. Registration is a **two-step** process. **Participants in Middle or High School Small Groups will be given the opportunity to choose their room assignments in August. Registration form and payment must be returned prior to Small Group selection.** Please refer to the enclosed letter for specific dates.

**RETURN REGISTRATION FORM AND PAYMENT TO SETON YOUTH OFFICE**

**More on back ►**

# SETON YOUTH MINISTRY MEDICAL INFORMATION

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Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex: M/F \_\_\_\_\_  
Check correct box:  Baptized Catholic  Baptized Other Faith Tradition \_\_\_\_\_  Not Baptized  
Check if received:  Reconciliation (Confession)  Eucharist (1<sup>st</sup> Communion)  Confirmation  
Grade on 9/1/2011 \_\_\_\_\_ School \_\_\_\_\_ Student Email (for YM News only) \_\_\_\_\_

Asthma \_\_\_\_\_ Allergies/Drug Allergies \_\_\_\_\_ Routine Medications \_\_\_\_\_

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Grade on 9/1/2011 \_\_\_\_\_ School \_\_\_\_\_ Student Email (for YM News only) \_\_\_\_\_

Asthma \_\_\_\_\_ Allergies/Drug Allergies \_\_\_\_\_ Routine Medications \_\_\_\_\_

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## Person to contact in Emergency (Other than Parent)

NAME: \_\_\_\_\_ HOME PHONE \_\_\_\_\_  
RELATIONSHIP \_\_\_\_\_ CELL PHONE \_\_\_\_\_

## AUTHORIZATION for EMERGENCY MEDICAL ATTENTION

I, who by law may do so, authorize the administration of emergency medical treatment for the subject of this release form. I understand that all reasonable safety precautions will be taken at all times by Saint Elizabeth Ann Seton Church or its agents liable for any accident, injury or disease incurred by the subject of this form. I understand that, in the event medical intervention is needed, every attempt will be made to contact the parents or person listed on this form immediately.

Parent Signature \_\_\_\_\_ Print Parent Name \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_