



<p>Sacraments Received</p> <p><input type="radio"/> Baptism Date: _____</p> <p><input type="radio"/> First Eucharist Date: _____</p> <p><input type="radio"/> Confirmation Date: _____</p>	<p>Please check one of the EDGE Categories:</p> <p><input type="radio"/> EDGE: Sacraments of Holy Communion/Confirmation</p> <p><input type="radio"/> EDGE: Fully Initiated <i>I have already been confirmed and want to continue my faith formation and participate in EDGE</i></p> <p><input type="radio"/> EDGE: 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 (1st) Secondary (2nd)

1st Parent/Guardian Home #: _____ 2nd Parent Guardian Home #: _____

1st Parent/Guardian Cell #: _____ 2nd Parent Guardian Cell #: _____

Text Ok? Yes No

Text Ok? Yes No

1st Parent Guardian email: _____

2nd Parent Guardian email: _____

Student Cell: _____ Text Ok? Yes No

Student email: _____

2016-2017 Grade: _____ Name of School: _____ Birthday (mm/dd/yy): _____

<p>REGISTRATION FEES: EDGE \$65 *Seeking 1st Year \$250 *Discerning 2nd Year \$250 Registered: _____</p> <p><small>*These fees offset the cost of materials, supplies and include retreats necessary for the program. Arrangements can be made for families in need of assistance. No teen will be denied instruction for financial reasons. Please make checks payable to St. Anthony of Padua Parish.</small></p>				
Amount Paid: _____	Date _____	Check # _____	CC/DC _____	Cash _____



Student's Name: _____

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 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 Parish, Diocese of San Jose, 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 near San Jose 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 of Padua 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 of Padua 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 teen space, however without help we cannot serve the needs of our youth and the youth ministry programs at St. Anthony of Padua Parish. As Mother Teresa says, *Do small things with great love!*

Parents: Check at least TWO (or more) categories where you can partner with us!

This helps us to know what you are interested in helping. We call and discuss before assigning you to any ministry.

<u>Teaching and Office Ministries</u>	<u>Events Ministry</u>	<u>Chaperone & Driving Ministries</u>
<input type="checkbox"/> *EDGE Core Team (Aug-May) <input type="checkbox"/> *Confirmation Small Group Leader (Aug-May) <input type="checkbox"/> Parent Life (3 segments per year) <input type="checkbox"/> Environment (Sunday @ 11:00 am) <input type="checkbox"/> Office Help (TBA) <input type="checkbox"/> *Office Help Sunday EDGE @ 12:15p <input type="checkbox"/> Phone Calls <input type="checkbox"/> Bulletin Stuffing (as needed)	<input type="checkbox"/> Registration at Retreats, Lock Ins <input type="checkbox"/> Prayer Partner <input type="checkbox"/> Fundraising <input type="checkbox"/> Photography or filming <input type="checkbox"/> Writing Cards (Birthday, Get Well, etc.) <input type="checkbox"/> Acts of Justice (social justice) <input type="checkbox"/> Wherever I am needed: <input type="checkbox"/> Weekdays M T W Th <input type="checkbox"/> Weeknights M T W Th <input type="checkbox"/> Weekends Fr Sa Su	<input type="checkbox"/> Lock In Retreat <input type="checkbox"/> Edge Retreat Jan. 28-30, 2017 o Driver o Potluck Coordinator <input type="checkbox"/> Drivers for events, Christian concerts, etc. <p>*All ministries with an * require one time Safe Environment Training.</p>