

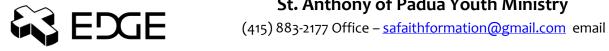
## **EX** EXE

## St. Anthony of Padua Youth Ministry

(415) 883-2177 Office – safaithformation@gmail.com email

Sacraments Received			Please check one of the EDGE Categories:						
o <b>Baptism</b> Date:	Baptism o EC		EDGE: Sacram	EDGE: Sacraments of Holy Communion/Confirmation					
<ul><li>First Eucharist</li><li>Date:</li></ul>	t		<ul> <li>EDGE: Fully Initiated I have already been confirmed and want to continue my faith formation and participate in EDGE</li> </ul>						
o <b>Confirmation</b> Date:		0	EDGE: Visitor ·	– I am just	visiting today	y and would like	more inforn	nation	
			***PLE	ASE PRINT	CLEARLY***				
Student Name:									
	First		Middle		Last			Nick Name	
Address:					City	y S	itate	Zip Code	
If parents are separ related to custody v							there are ar	ny other situations	
Parent (Guardian) I	Names:		Primary (1 <sup>st</sup> )				Seco	ndary (2 <sup>nd</sup> )	
1 <sup>st</sup> Parent/Guardian	ı Home #:				_ 2 <sup>nd</sup> Parent C	Guardian Home	#:		
1 <sup>st</sup> Parent/Guardian	ı Cell #:				_ 2 <sup>nd</sup> Parent C	Guardian Cell #:			
Text Ok? O Ye	′es 🔾 No				Text Ok?	○ Yes ○ N	No		
1 <sup>st</sup> Parent Guardian	email:								
2 <sup>nd</sup> Parent Guardiar	n email:								
Student Cell:						Text Ok?	○ Yes	○ No	
Student email:									
2016-2017 Grade:_	11	Name of	School:			Birthday (	(mm/dd/yy):	:	
These fees offset the	e cost of materials,	s, supplies	s and include re	etreats nece	essary for the p	program. Arrang	gements can	red:be made for families	
eed of assistance. <b>No</b>	o teen will be denie	ied instruc	iction for financi	ial reasons.	. Please make cl	checks payable to	St. Anthony	of Padua Parish.	
mount Paid:	Da	₁te		Check #_			/DC	Cash	

## 2016-2017



Student's Name:

## St. Anthony of Padua Youth Ministry

contact me or the emergency contacts immed dental or related care which may be needed a Padua Parish Faith Formation Program during	nt: I understand that in the event medical interve liately. In the event I cannot be reached, I hereb and deemed necessary to my child while particip the 2016-2017 school year. I agree not to hold standards damages, losses, diseases or injuries incurred by	by give my consent to any emergency medical, pating in classes or activities at St. Anthony of St. Anthony of Parish, Diocese of San Jose, its								
Family Doctor:	Phone Number:	Phone Number:								
Address:	Hospital: Novato Kaiser	Marin Other:								
Parent Signature:		Date:								
	nly friends/relative who live near San Jose and ca									
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:  D										
Teaching and Office Ministries	Events Ministry	Chaperone & Driving Ministries								
□ *EDGE Core Team (Aug-May)	☐ Registration at Retreats, Lock Ins	☐ Lock In Retreat								
<ul> <li>*Confirmation Small Group Leader (Aug-May)</li> <li>Parent Life (3 segments per year)</li> <li>Environment (Sunday @ 11:00 am)</li> <li>Office Help (TBA)</li> <li>*Office Help Sunday EDGE @ 12:15p</li> <li>Phone Calls</li> <li>Bulletin Stuffing (as needed)</li> </ul>	<ul> <li>Prayer Partner</li> <li>Fundraising</li> <li>Photography or filming</li> <li>Writing Cards (Birthday, Get Well, etc.)</li> <li>Acts of Justice (social justice)</li> <li>Wherever I am needed:         <ul> <li>Weekdays M T W Th</li> <li>Weeknights M T W Th</li> </ul> </li> </ul>	<ul> <li>Edge Retreat Jan. 28-30, 2017</li> <li>Driver</li> <li>Potluck Coordinator</li> <li>Drivers for events, Christian concerts, etc.</li> <li>*All ministries with an * require one time Safe Environment Training.</li> </ul>								
	□ Weekends Fr Sa Su									