



Youth Ministry: 6th-12th Grade 2025-2026 REGISTRATION FORM

Please complete the front and back of this form in blue or black ink and attach payment made payable to **St. Martin of Tours.**

Return to the Parish office or Helen Deen.

SELECT PROGRAM (select all that apply)

- Middle School Youth Group (6th-8th grade)
- High School Youth Group (9th-12th grade)
- Sacrament of Reconciliation and First Holy Eucharist Preparation
(For Sacraments, please provide a copy of your child's baptism certificate with this registration)
- Sacrament of Confirmation Preparation (High School only)
(For Sacraments, please provide a copy of your child's baptism certificate with this registration)

STUDENT INFORMATION

First Name _____ Middle _____ Last _____

Gender: M / F Birth Date: ____/____/____ Grade: _____ School: _____

Primary mailing address: _____

Student Email: _____

Has the student been Baptized? Yes / No If yes, where (parish)? _____

Has the student received First Eucharist? Yes / No If yes, where (parish)? _____

Has the student received Confirmation? Yes / No If yes, where (parish)? _____

Parish registered and attending: _____

PARENT/GUARDIAN INFORMATION

Father/Guardian: First _____ Last _____

Mailing address: _____

Mobile # (____) _____ - _____ Text: Y / N? Work # (____) _____ - _____ ext. _____

Religion (if not Catholic): _____ Email: _____

Mother/Guardian: First _____ Last _____

Mailing address: _____

Mobile # (____) _____ - _____ Text: Y / N? Work # (____) _____ - _____ ext. _____

Religion (if not Catholic): _____ Email: _____

Would you like more information about Youth Ministry volunteer opportunities? Y / N

TUITION FEES:

\$60.00 for Middle School

\$120.00 for High School (\$150.00 for non-parishioners)

Please note that there will be other fees for outings, retreats, youth days, and conferences.

Medical Information and Emergency Release

This information is and will be kept confidential. This information will only be released to medical personnel in the event your child requires medical attention.

Medical/Special Needs/behavioral issues/Allergies: (Please list all medical or special needs including if your child has an IEP, learning difficulties, behavioral issues or food allergies, if none, write NONE)

Medications: (Please list all medications your child is currently taking)

In Case of an Emergency:

Health Insurance: _____ Insurance Policy #: _____

Family Doctor _____ Ph. _____

Emergency Contacts (Other than parent/guardian)

Name _____ Relationship to child _____ Ph _____

Name _____ Relationship to child _____ Ph _____

Authorization to enroll in Youth Ministry & Authorization to provide Medical Services and Release

Parent/Guardian: Do you authorize the enrollment of your child in the Youth Ministry Program including the sacrament program at St. Martin of Tours Catholic Church? If you or your Doctor cannot be reached in an emergency and if in the judgment of the Parish authorities, immediate medical and/or hospital attention is required, do you authorize the Parish authorities to send your child, properly accompanied, to an available hospital or doctor, and do you authorize the treatment of your minor child by a qualified and licensed medical doctor in the event of a medical emergency when, in the opinion of the attending doctor, it may endanger his/her life, cause physical disability or undue discomfort if delayed? This consent is granted only after a reasonable effort has been made to reach you.

Parent/Guardian ____ Yes ____ No Signature _____

Authorization to Take, Release and Publish Photographs

Parent/Guardian: I authorize the staff of St. Martin of Tours Catholic Church to photograph, publish and post photographs of my child participating in parish activities for the purpose of creating a pictorial history of the parish program as well as to inform parents and the parish of student activities.

Signature: _____

Date: _____