



2405 Philippe Parkway Safety Harbor, FL 34695

Espiritu Santo **YOUTH MINISTRY ONLY** Registration **2021-2022** (PLEASE COMPLETE BOTH SIDES)

www.espiritusanto.cc

Phone: (727)726-8477 Email: sue@espiritusanto.cc

Family Last Name: _____

Parish ID # _____

Need to register? _____

Student (s) Live with (please circle): Both Parents Mother Father **Guardian** (Relationship): _____

Home Address: _____

E-Mail Address: _____

Home Telephone: _____

Mother's Name: _____

Mother's Work/Cell: _____

Father's Name: _____

Father's Work/Cell: _____

IN CASE OF EMERGENCY, and in the event parents or legal guardians cannot be reached, please contact:

NAME: _____

RELATIONSHIP TO CHILD(REN): _____

PHONE: _____

PERMITTED TO RELEASE CHILD(REN): YES NO (circle one) add'l releases*

Please check all that apply below:

I authorize and give full consent to photograph my child during parish activities and events. This may be used in the parish bulletin, parish web site or on parish bulletin boards. **I DO NOT AUTHORIZE** the above photography consent.

By providing email address & cell number above **I consent** to email/text communication from the parish (do not provide if you do not consent).

NO TUITION OR FEE IS CHARGED FOR THE ONGOING HIGH SCHOOL YOUTH MINISTRY PROGRAM - The church has a budget to fund this ministry. I understand however, that special programs, field trips, retreats, and other youth ministry related events may incur costs specific to those events - voluntary participation and payment arrangements will be made separately for these.

I would like to make a **contribution** to the general efforts of youth ministry in the amount of _____.

By signing below, I affirm having received and read the family handbook - and agree to adhere to all of the guidelines and policies within:

(Office Use Only)

YM Contribution: \$

Cash _____ Ck# _____

Espiritu Santo Catholic Church needs to be aware of the following medical information or special learning needs of my child (example = allergies, asthma, learning difference, etc.) You will be contacted by the Religious Education office to discuss specifics. Please note below:

Signature of Parent / Guardian _____

Printed Name _____

Date _____

Student Information (Please fill out completely!)

1. LAST Name _____ **FIRST** Name _____

Birth Date ____ / ____ / ____ Age as of 9/01/21 ____ Grade (Fall '21) _____

Name of School _____

Any allergies/conditions we should know about? _____

____ **Grades 9-12 "YES" YOUTH MINISTRY**

STUDENT T-Shirt Size _____

STUDENT Cell Phone Number _____

***By providing this information, parental consent is given for text communication.

2. . LAST Name _____ **FIRST** Name _____

Birth Date ____ / ____ / ____ Age as of 9/01/21 ____ Grade (Fall '21) _____

Name of School _____

Any allergies/conditions we should know about? _____

____ **Grades 9-12 "YES" YOUTH MINISTRY**

STUDENT T-Shirt Size _____

STUDENT Cell Phone Number _____

***By providing this information, parental consent is given for text communication.

3. LAST Name _____ **FIRST** Name _____

Birth Date ____ / ____ / ____ Age as of 9/01/21 ____ Grade (Fall '21) _____

Name of School _____

Any allergies/conditions we should know about? _____

____ **Grades 9-12 "YES" YOUTH MINISTRY**

STUDENT T-Shirt Size _____

STUDENT Cell Phone Number _____

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PLEASE COMPLETE BOTH SIDES!