



Saint Clare Parish Youth Ministry  
**2009-2010 Information & Registration Form**

Fee	
Check #	Cash

(baptismal and sponsor info only for Confirmation for 9<sup>th</sup> grade and above)

**Please complete all sections and designate applicable registrations below. Identify parents/guardians with whom the child regularly resides. Fax, mail, or email this form to the Parish Office.**

<b>YOUTH / CHILD</b>	
Name:	
Nickname:	Sex: <input type="text"/>
Grade:	School: <input type="text"/>
Cell Phone:	
Baptismal info	Church of baptism: <input type="text"/> Date: day/month/year <input type="text"/>
Home Address:	<input type="text"/>
Telephone:	Email: <input type="text"/>
	<b>FATHER / GUARDIAN</b>
Name:	Name: <input type="text"/>
Cell Phone:	Cell Phone: <input type="text"/>
Email:	Email: <input type="text"/>
	<b>MOTHER / GUARDIAN</b>
<b>REGISTRATION</b>	Sponsor Name: <input type="text"/> Address: <input type="text"/>

**My child will...** (check all that apply)

- Participate in the Middle School IMPACT faith formation program (grades 6-8) on Wednesday evenings
- Participate in the High School EDGE faith enrichment and youth group (grades 9-12) on Sunday evenings
- Participate in the Preparation to receive Confirmation in 2010
- Attend a Catholic school during the 2009-10 year
- Not participate in the Middle School IMPACT or High School EDGE programs

Call me about volunteering...  leader/aide  driver  activity chaperone  setup/cleanup

The solidarity fee for Confirmation is \$50 per child payable in October. To make alternate payment arrangements, please contact Sue Unger in the Parish Office. There will be a retreat fee due in January \$100.00

<b>EMERGENCY INFORMATION</b>	
Emergency Contact: (other than parents)	Telephone: <input type="text"/>
Allergies/Special Circumstances:	Medications: <input type="text"/>

I grant permission for my child to participate in regularly scheduled youth ministry programs held on the Saint Clare Parish campus throughout the 2009-2010 school year. I authorize the Archdiocese of Portland and its representatives to use their judgment in determining emergency care and procedures for my child. The Archdiocese assumes no financial obligation for expenses incurred in carrying out emergency procedures and/or emergency transportation.

Parent/Guardian Signature:  Date:

**Return completed form to the St. Clare Parish Office**

Fax: 503-246-2665 Email: office@saintclarechurch.org Mail: 8535 SW 19th Avenue, Portland, OR 97219