



# St. Vincent De Paul Church

## Youth Ministry Program

### Membership form



Family Name: \_\_\_\_\_ Year Attending: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

(day/month are fine)

<u>Teen's Full Name</u>	<u>M/F</u>	<u>Teen's E-mail Address*</u> <b>**Optional**</b>	<u>Teen's Cell phone</u> <u>#</u> <b>**Optional**</b>	<u>School/Grade</u>	<u>Date of birth</u>

\*Note: By indicating teen's cell phone number you acknowledge and agree to your teen being contacted by cell phone and/or receiving text messages.

By indicating teen's E-mail Address you acknowledge and agree to your teen being contacted by E-mail.

• Is the family registered at the parish?  Yes  No - Member of another parish, please indicate \_\_\_\_\_

• **Parent's / Guardian's full names:** \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_ Would you like to receive information by this e-mail?  Yes  No

• **What is the preferred way to contact you (circle one)** Home phone Cell phone Email

• **Social network site Facebook Communication ?** Do you intend to Friend: Vincent De Paul Yg (circle one) Yes No

\*\* In order to prevent unknown people from posting on the youth group wall we will only accept teens and adults \*\* from the youth group

• If yes please state you Facebook Profile name for all who will friend Vincent De Paul Yg : \_\_\_\_\_

• **Food Allergies:** many people cannot tell that someone is allergic to something until after they eat it. So please let us know if your teen has any known food allergies: \_\_\_\_\_

**Volunteers:** St. Vincent De Paul Youth Group has many ways that teen and Adults can participate. Below are some ways please check off any that you or your child would like to participate in!!

\_\_\_ Teen Readers during Mass

\_\_\_ Teen Hospitality ministers (greeters)

\_\_\_ Teen Singer during mass

\_\_\_ Teen Musicians during Mass, if yes what instrument(s): \_\_\_\_\_

\_\_\_ Parent Leadership team: Most parents work behind the scenes planning events, chaperoning, folding the mass books, and more.

\_\_\_ Parent cooked meals: If yes what is the best way to contact you: \_\_\_\_\_

In the event of an emergency, please contact FIRST \_\_\_\_\_ At # \_\_\_\_\_  
(Please note, our policy is to contact initial parent contact, then alternate parent and finally the emergency contact person stated below)

In the event of an emergency, when parent can't be reached, call (please indicate someone other than parents):

• **Emergency Contact Name:** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Phone (list home, work & cell):** \_\_\_\_\_