



LIFE TEEN REGISTRATION FORM: 2020-2021

PLEASE PRINT ALL REQUESTED INFORMATION:

St. Peter & St. Paul Registration #: _____ (Found on Offertory Envelope)

1st Youth's Full Name: _____ **Gender:** M / F

Birthday: ___/___/___ **Grade in Sept. 2020:** _____

How many years of Religious Education has he/she received? _____

Is he/she Baptized in the Catholic Church? Y / N Has he/she received 1st Holy Communion? Y / N

Will he/she be attending Sacramental Prep classes? (Preparing to make their 1st Confession/Communion) Y / N

Special Needs? _____

If registering a 2nd Youth, Full Name: _____ **Gender:** M / F

Birthday: ___/___/___ **Grade in Sept. 2020:** _____

How many years of Religious Education has he/she received? _____

Is he/she baptized in the Catholic Church? Y / N Has he/she received 1st Holy Communion? Y / N

Will he/she be attending Sacramental Prep classes? (Preparing to make their 1st Confession/Communion) Y / N

Special Needs? _____

Father's Full Name: _____ **E-mail:** _____

Mother's Full Name: _____ **E-mail:** _____

Address: _____ **City:** _____ **State** _____ **ZIP** _____

Home Phone #: (____) _____

Cell Phone #: Father (____) _____ **Cell Phone # Mother** (____) _____

Parents Married? YES / NO **To each other? YES / NO**

We want to provide ministry to all teens by making our program free. However, we encourage you to donate to our ministry to help provide teens with more opportunities.

I would like to donate to *Life Teen*: \$10 ___ \$20 ___ \$30 ___ OTHER _____

PARENT(S) PLEASE SIGN TO CONFIRM TIMES:

X _____ **LIFE TEEN NIGHTS – Wednesdays 6:30pm-8:00pm**

X _____ **HIGH SCHOOL SACRAMENTAL PREPARATION - Thursdays 5:30pm-7:00pm**

Sacramental prep is \$50 per student, for materials. (First Communion Only)

*****NO STUDENT IS EVER TURNED AWAY DUE TO LACK OF FUNDS*****

Please inquire about payment and scholarship options

-----OFFICE USE ONLY-----

Amount Paid \$ _____ Check #/Cash: _____ Receipt#: _____ Sacramental Prep: Yes No Date: _____

Informational Medical and Family History Form 2020-2021

Medical

Family (Last) Name _____ Home Phone Number _____

Youth(s)'s Full Name	Date of Birth	Food/Drug Allergies	Critical Medication, blood type & other pertinent medical information
1. _____	_____	_____	_____
2. _____	_____	_____	_____

Do you authorize the office to transport your Youth(s) to a doctor in case of emergency? (Initial one) Yes _____ No _____

Does your Youth(s):

1. Have a **physical, emotional** or **behavioral** condition we should know about? Yes / No

(Examples of **physical** conditions include permanently impaired hearing, seeing, speaking, movement of any limbs, etc.

Emotional conditions include clinically diagnosed depression, bi-polar disorder, general anxiety, or social anxiety, etc.

Behavioral conditions include Attention Defecit Disorder (ADD) or Attention Defecit Hyperactivity Disorder (ADHD), Asperger's Syndrome, Tourette Syndrome, etc)

If yes, please provide important but basic details regarding your child(ren)'s condition. If more than one condition exists, please list all that apply under the three categories listed above. If you will soon be or currently are in the process of discovering if a condition does exist for your child, please list any physical, emotional, or behavioral signs/symptoms exhibited.

2. Receive special education services? Yes / No

If yes, please provide a copy of their I.E.P. Please also provide important but basic details regarding your child's condition.

Family History

Please answer these questions as honestly and completely as possible. The answers to these questions can help us to best serve your child and you. Often, a child's questions about faith and Catholic teaching come from their experiences in the family. We can better answer their questions if we have prior knowledge about the family's living situation.

1. Please indicate your marital status: Single Married Divorced, but not re-married Divorced and re-married

2. Please indicate the living situation for your child(ren):

My child lives with me and my spouse (married)

My child lives with me sometimes and my ex-spouse sometimes (divorced, joint custody)

My child lives with me only (single or divorced, sole custody)

My child lives with other relatives

3a. Is/are your child(ren) adopted? Yes No

3b. Is your child(ren) aware that he/she is adopted? Yes No

4. If yes to number 3a, please answer the following two questions:

-Is one of your child's parents a biological parent? Yes No

-If yes, which parent? Mother Father

I verify that all the above information is correct and up to date, as far as I know. I understand that St. Peter & St. Paul Youth Ministry staff will keep this information confidential except when needed to attend to the medical and/or pastoral needs of my child. In such a case, this confidential information will be shared only with the necessary parties (doctors for medical information, priests or supervisors for pastoral needs).

Parent Signature X _____ Date _____

PARENT MEDICAL AND LIABILITY RELEASE STATEMENT CODE OF CONDUCT and PHOTO RELEASE

DIOCESE OF SAN BERNARDINO 1201 E. Highland Ave, San Bernardino, Ca 92404-4641 (909) 475-5167
CATHOLIC MUTUAL GROUP 2724 Waterman Ave Ste. J, San Bernardino, CA 92404-4641 (909) 886-6001
St. Peter & St. Paul Catholic Church, 9135 Banyan St, Alta Loma, CA 91737, 909-987-9312

EVENT INFORMATION	<p>Event: Life Teen/ High School Sacramental Preparation 2020-2021</p> <p>Location: John Paul II Center, St. Peter & St. Paul Church 9135 Banyan St., Alta Loma, CA 91737</p> <p>Phone: 909-987-9312 Ext. 225</p> <p>Date & Time of Activity: Wednesdays 6:30pm–8:00pm & Sacramental Prep is scheduled separately depending on availability</p> <p>(Please Print) Participant(s)'s Name(s): _____ Date(s) of Birth ____/____/____ Parent's Name: _____ Phone #: _____ Cell or Work #: _____ Emergency Contact Name: _____ Phone #: _____ Family Physician: _____ Phone #: _____ Insurance Company: _____ Policy No: _____ Allergies/ Medical Problems/ Disabilities _____ Is the participant taking any over the counter or prescriptions drugs? Please list and print Clearly _____ (Use another sheet if necessary) Please list any Allergies to medication or foods _____</p> <p>I also understand that in the event medical intervention is necessary, every attempt will be made to contact immediately the persons listed on this form. If I cannot be reached in an emergency during the activity dates shown on this form, I give my permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/ order an injection, anesthesia, or surgery for my child as deemed necessary.</p> <p>I understand all reasonable safety precautions will be taken at all times by the <u>Director of High School Youth Ministry (909-987-9312 Ext. 301)</u> and its agents during the events and activities. I understand the possibility of unforeseen hazards and know there is the inherent possibility or risk. I agree not to hold, St. Peter & St. Paul Church, its leaders, employees and volunteers liable for damages, losses, diseases, or injuries incurred by the subject of this form.</p> <p>I understand that by signing this form I/my child agree(s) to cooperate and participate fully, that I/my child will show respect for the property visited, respect for neighbor, that I/my child will show respect for the law and practice safety skills at all times. By failing to meet this code of conduct, I/my child am/are aware that appropriate action may be taken and arrangements may be made for immediate removal from the event.</p> <p>I hereby authorize the making of photographs, motion pictures, videotapes, recording, or other memorializing of said event and my child's participation therein, and the publication and duplication or other use thereof. I hereby waive any rights to compensation or any right that I otherwise might have to limit if to control such making or use.</p> <p><input type="checkbox"/> By checking this box, I <u>DO NOT</u> authorize any photos, videotapes or recordings of my child.</p>
MEDICAL LIABILITY	
CONDUCT	
PHOTO	
PERMISSION	<p>_____ Date _____</p> <p>Parent/Guardian Signature Required (For Minors under 18)</p> <p>_____ Date _____</p> <p>Signature of Participant Required (Youth or Adult)</p>

****Please check one:**
 Adult (18 and older)
 Youth (under 18)

Life Teen Rules!

DURING *Life Teen* I AGREE TO THE FOLLOWING:

1. I WILL RESPECT OTHERS.

- a. I will listen while others are speaking
- b. I will use positive words and a positive tone

2. I WILL STAY ON TASK.

- a. I will stay in my designated area.
- b. I will participate in group discussions and/or activities
- c. I will stay focused on the material being covered during *Life Teen*
- d. I will follow the directions of the Youth Ministers and core team members.

3. I WILL KEEP MY HANDS, FEET, AND MATERIALS TO MYSELF

- a. I will respect personal boundaries.
- b. I will take turns and be courteous to others.

4. I WILL ARRIVE TO *LIFE TEEN* SESSIONS ON TIME.

- a. I understand *Life Teen* starts at 6:30 p.m. on Thursdays unless otherwise noted.
- b. I will try to be at *Life Teen* 10 minutes early, so we can start on time!

Failure to follow these rules WILL RESULT IN:

1. Being sent to the Youth Minister for verbal discipline.
2. Being asked to call your parents and being sent home for the evening.
3. In special circumstances in which the behavior is extremely detrimental to others or is illegal, being removed from the program.