

Saint Mark the Evangelist Registration Form

<input style="width: 80px;" type="text"/> ID #			
Student Name ○ M ○ F			<input style="width: 100px;" type="text"/>
<input style="width: 200px;" type="text"/> First	<input style="width: 200px;" type="text"/> Middle	<input style="width: 200px;" type="text"/> Last	<input style="width: 100px;" type="text"/> Nick-Name
Home Address			
<input style="width: 100%; height: 20px;" type="text"/>			
<input style="width: 150px;" type="text"/> Street		<input style="width: 100px;" type="text"/> City	
<input style="width: 100px;" type="text"/> State		<input style="width: 100px;" type="text"/> Zipcode	
Phone Numbers		School Information	
<input style="width: 150px;" type="text"/> Home Phone		<input style="width: 150px;" type="text"/> Name	
<input style="width: 150px;" type="text"/> Cell Phone		<input style="width: 100px;" type="text"/> Grade	
<input style="width: 150px;" type="text"/>		<input style="width: 100px;" type="text"/> Graduation Year	
<input style="width: 100%; height: 20px;" type="text"/> E-Mail Address			Birth Place
<input style="width: 100%; height: 20px;" type="text"/>			<input style="width: 100%; height: 20px;" type="text"/> City & State
Sacraments Received:			Baptismal Certificate
Baptized <input type="checkbox"/>			<input style="width: 100%; height: 100px;" type="text"/>
1st Reconciliation <input type="checkbox"/>			
1st Communion <input type="checkbox"/>			
Confirmation <input type="checkbox"/>			
F a t h e r	Fathers Name		<input style="width: 100px;" type="text"/>
	<input style="width: 150px;" type="text"/> First		<input style="width: 100px;" type="text"/> ID #
	<input style="width: 150px;" type="text"/> Last		
	Phone Numbers		
<input style="width: 150px;" type="text"/> Home Phone			
<input style="width: 150px;" type="text"/> Cell Phone			
<input style="width: 150px;" type="text"/> Work Phone			
<input style="width: 100%; height: 20px;" type="text"/> E-Mail Address			
M o t h e r	Mothers Name		<input style="width: 100px;" type="text"/>
	<input style="width: 150px;" type="text"/> First		<input style="width: 100px;" type="text"/> ID #
	<input style="width: 150px;" type="text"/> Last		
	Phone Numbers		
<input style="width: 150px;" type="text"/> Home Phone			
<input style="width: 150px;" type="text"/> Cell Phone			
<input style="width: 150px;" type="text"/> Work Phone			
<input style="width: 100%; height: 20px;" type="text"/> E-Mail Address			
Registration			
<input style="width: 100px;" type="text"/> Grade	<input style="width: 100px;" type="text"/> \$60.00 Fee	<input style="width: 100px;" type="text"/> \$120.00 Family Maximum	<input style="width: 100px;" type="text"/> Fee Paid
<input style="width: 100%; height: 20px;" type="text"/> Registration Date			
1st Choice		2nd Choice	
7-Sun (1-3 pm) 7-Tue (7-9 pm) 8-Sun (4-6 pm) 8-Wed (7-9 pm)		7-Sun (1-3 pm) 7-Tue (7-9 pm) 8-Sun (4-6 pm) 8-Wed (7-9 pm)	
High School (Sun 7-9 pm) HS-Sacrament (Sun 7-9 pm) *		High School (Sun 7-9 pm) HS-Sacrament (Sun 7-9 pm) *	
HS-LED Elective (Wed 7-9 pm)		HS-LED Elective (Wed 7-9 pm)	
Circle one choice		Circle one choice	
3rd Choice			
Circle one choice			

* HS-Sacrament session is for 9-12th graders that need First Communion and/or Confirmation.

Medical and Permission Form

I give permission for _____ to participate in **All St. Mark Youth Ministry** related events for a calendar year.

Medical Form

Emergency contact, other than parent; Name _____

Home Phone: _____ Daytime Phone: _____

Please fill out the information below:

Insurance Carrier: _____ Policy Number: _____

Insurance Company Address: _____

Insurance ID Number: _____ Social Security #: _____

Allergic reactions (medications, foods, plants)

Medications Currently Taking _____

I grant permission for the following non-prescription medications to be given to my youth:

Tylenol Aspirin Antacid Annhist Other _____

I understand that as parent/guardian, I remain legally responsible for any personal actions taken by my son/daughter named above. I will hold harmless any Dallas Diocesan Parish employee and/or volunteer from any and all claims for illness, or injury arising from, or in any way connected with my son/daughter attending this event.

I agree to allow a photo, of my child, to be taken for administrative or promotional purposes, by the Youth Ministry staff of Saint Mark the Evangelist Parish. It is my understanding that this photo is to be used for inner-departmental use and is NOT to be released to any outside agency.

Parent or Guardian Signature

Date _____