

# Y.E.S. Senior High Group (Jr. Youth on Reverse Side)

Youth of Epiphany and St. Sebastian Parishes  
Registration Form 2011 - 2012

Office of Faith Formation: 801 Broad Ave. Belle Vernon, PA 15012 724-930-8504

Date: \_\_\_\_\_ Grade \_\_\_\_\_

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Nickname \_\_\_\_\_ Birthday MM/DD/YY \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

In emergency call: Name \_\_\_\_\_ Phone # \_\_\_\_\_

School \_\_\_\_\_ E-Mail \_\_\_\_\_

I am a registered members of: St. Sebastian  Epiphany of our Lord  Other \_\_\_\_\_

## *Family Information*

Parent's marital status \_\_\_\_\_ Person with whom student resides \_\_\_\_\_

Father: Last name \_\_\_\_\_ First name \_\_\_\_\_ Religion \_\_\_\_\_

Mother: Last name \_\_\_\_\_ First name \_\_\_\_\_

Maiden Name \_\_\_\_\_ Religion \_\_\_\_\_

Which of these sacraments have you celebrated?

Baptism  Reconciliation  Confirmation  First Eucharist

Please note that there are **no fees or dues** for either youth group.

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Parents,

Throughout the year we will go on different trips and activities. If you fill out the form below we will put it on file and you will only have to fill out a simple permission slip for individual activities.

We do hereby release and forever discharge the Diocese of Greensburg and designated chaperones from any/all actions or suits in law or equity which we might hereafter have by reasons of injuries sustained by our son/daughter participating in youth group field trips and activities. In case of emergency, we give permission for our child to be treated at a hospital and/or by a medical doctor.

In case of emergency, contact us at this phone number \_\_\_\_\_

If we are unavailable, contact (name/relationship) \_\_\_\_\_

phone number ( ) \_\_\_\_\_

Our Insurance Company is \_\_\_\_\_ Policy Number \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

*Indicate any illness or allergies of which we should be aware. Also, if the student will be taking any prescription medication, please note below.*

# Y.E.S. *Junior* High Group (Senior Youth on Reverse Side)

Youth of Epiphany and St. Sebastian Parishes  
Registration Form 2011 - 2012

Office of Faith Formation: 801 Broad Ave. Belle Vernon, PA 15012 724-930-8504

Date: \_\_\_\_\_ Grade \_\_\_\_\_

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Nickname \_\_\_\_\_ Birthday MM/DD/YY \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work # \_\_\_\_\_

In emergency call: Name \_\_\_\_\_ Phone # \_\_\_\_\_

School \_\_\_\_\_ E- Mail \_\_\_\_\_

I am a registered member of: St. Sebastian  Epiphany of our Lord  Other \_\_\_\_\_

## *Family Information*

Parent's marital status \_\_\_\_\_ Person with whom student resides \_\_\_\_\_

Father: Last name \_\_\_\_\_ First name \_\_\_\_\_ Religion \_\_\_\_\_

Mother: Last name \_\_\_\_\_ First name \_\_\_\_\_

Maiden Name \_\_\_\_\_ Religion \_\_\_\_\_

Which of these sacraments have you celebrated?

Baptism  Reconciliation  Confirmation  First Eucharist

Please note that there are **no fees or dues** for either youth group.

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Parents,

Throughout the year we will go on different trips and activities. If you fill out the form below we will put it on file and you will only have to fill out a simple permission slip for individual activities.

We do hereby release and forever discharge the Diocese of Greensburg and designated chaperones from any/all actions or suits in law or equity which we might hereafter have by reasons of injuries sustained by our son/daughter participating in youth group field trips and activities. In case of emergency, we give permission for our child to be treated at a hospital and/or by a medical doctor.

In case of emergency, contact us at this phone number \_\_\_\_\_

If we are unavailable, contact (name/relationship) \_\_\_\_\_

phone number ( ) \_\_\_\_\_

Our Insurance Company is \_\_\_\_\_ Policy Number \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

*Indicate any illness or allergies of which we should be aware. Also, if the student will be taking any prescription medication, please note below.*