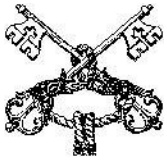
St. Peter Roman Catholic Church
Junior Youth Ministry



Junior Youth Group Registration Form

General Information

Full Name:_____

Adress:_____ City:_____ State:____ Zip:_____

Phone: (Home)_____ Email Address (optional):_____ Birthdate:___/___/___

Age:____ Sex: M F

Tee-Shirt Size: S M L XL 2XL 3XL

School:_____ Grade:_____

Athletics/ School Organizations:

_____

_____

_____

Hobbies/ Interests: _____

_____

Have Received: □Baptism □First Communion □Confession

Are Parents: Married □ Separated □ Divorced □ Re-Married □ Single □

If separated, who does the child live with:_____

What Church Parish is your family registered at:_____

Parent or Guardian's Information

Parents/Guardians:_____ Phone: Father/ Guardian

(Home)_____ (Work)_____

Mother/ Guardian (Home)_____ (Work)_____

Parent/ Guardian's Address:_____ City: _____State:___ Zip:_____

Medical Information

Medical Problems? (Check One) □ Yes □ No Known Allergies? □ Yes □ No

Physician Name: _____

Medical Problems/Allergies

_____

_____

_____

_____ _____

Signature of Parents/Guardians Signature of Applicant