

St. Peter's Catholic Church
Youth Group Registration Form
(6th grade through 12th grade)
2016-2017

Youth's Name _____
(First, Middle & Last)

Nickname _____

Birth date _____
(month/day/year)

Address _____ City _____

State _____ Zip Code _____

Mother's name _____
(First, Maiden)

Father's name _____
(First & Last)

Parent's Phone # _____
(home) (cell)

Emergency Phone # _____

Parent's E-mail _____

Youth's E-mail _____

School you attend _____

Grade _____

Church you attend _____

(Over)

Sacraments received:

Baptism _____
(Date, Church)

First Holy Communion _____

(Date, Church)

Confirmation _____

Allergies: _____

Brothers & Sisters (ages):

Extracurricular Activities (My favorite . . .)

Sports _____

Movies _____

TV Shows _____

Foods _____

Music _____

Games _____

Books _____

Other _____

Particular Talents (For example: artist, photographer, actor, musician, athlete)

Do you have a Job? Yes/No If "Yes," where and how many hours per week?
