

# REGISTRATION

## 2010-2011



### HOUSEHOLD INFORMATION

Family Name: \_\_\_\_\_  
Last Name Family Home Phone Number

Address: \_\_\_\_\_  
Number and Street City State Zip

Father / Guardian: \_\_\_\_\_ e-mail: \_\_\_\_\_ Cell \_\_\_\_\_

Mother / Guardian: \_\_\_\_\_ e-mail: \_\_\_\_\_ Cell \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone \_\_\_\_\_  
First and Last Name

### Child(ren) to be enrolled: (Grades 9-12)

<p>Name: _____  <input type="checkbox"/> Son <input type="checkbox"/> Daughter</p> <p>Date of Birth: _____</p> <p>Cell Phone: _____</p> <p>e-mail: _____</p> <p>School: _____ Grade: _____</p>	<p><input type="checkbox"/> Catholic <input type="checkbox"/> Other _____</p> <p><b>SACRAMENTS</b></p> <table border="1"> <thead> <tr> <th></th> <th colspan="2">Received</th> <th>Requesting</th> </tr> </thead> <tbody> <tr> <td>Baptism</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/></td> </tr> <tr> <td>First Eucharist</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Reconciliation</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Confirmation</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/></td> </tr> </tbody> </table> <p>Health Concerns or Allergies:</p>		Received		Requesting	Baptism	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	First Eucharist	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	Reconciliation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	Confirmation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>
	Received		Requesting																		
Baptism	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>																		
First Eucharist	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>																		
Reconciliation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>																		
Confirmation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>																		
<p>Name: _____  <input type="checkbox"/> Son <input type="checkbox"/> Daughter</p> <p>Date of Birth: _____</p> <p>Cell Phone: _____</p> <p>e-mail: _____</p> <p>School: _____ Grade: _____</p>	<p><input type="checkbox"/> Catholic <input type="checkbox"/> Other _____</p> <p><b>SACRAMENTS</b></p> <table border="1"> <thead> <tr> <th></th> <th colspan="2">Received</th> <th>Requesting</th> </tr> </thead> <tbody> <tr> <td>Baptism</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/></td> </tr> <tr> <td>First Eucharist</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Reconciliation</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Confirmation</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/></td> </tr> </tbody> </table> <p>Health Concerns or Allergies:</p>		Received		Requesting	Baptism	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	First Eucharist	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	Reconciliation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	Confirmation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>
	Received		Requesting																		
Baptism	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>																		
First Eucharist	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>																		
Reconciliation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>																		
Confirmation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>																		
<p>Name: _____  <input type="checkbox"/> Son <input type="checkbox"/> Daughter</p> <p>Date of Birth: _____</p> <p>Cell Phone: _____</p> <p>e-mail: _____</p> <p>School: _____ Grade: _____</p>	<p><input type="checkbox"/> Catholic <input type="checkbox"/> Other _____</p> <p><b>SACRAMENTS</b></p> <table border="1"> <thead> <tr> <th></th> <th colspan="2">Received</th> <th>Requesting</th> </tr> </thead> <tbody> <tr> <td>Baptism</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/></td> </tr> <tr> <td>First Eucharist</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Reconciliation</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Confirmation</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/></td> </tr> </tbody> </table> <p>Health Concerns or Allergies:</p>		Received		Requesting	Baptism	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	First Eucharist	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	Reconciliation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	Confirmation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>
	Received		Requesting																		
Baptism	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>																		
First Eucharist	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>																		
Reconciliation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>																		
Confirmation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>																		

Continued on reverse side

**MODEL RELEASE STATEMENT**

I hereby grant permission for my child(ren) to be photographed and/or videotaped during LIFE TEEN and/or Confirmation activities and events and possibly published and/or broadcast for the purpose of promoting LIFE TEEN and/or Confirmation at St. Mark's Catholic Community. Areas of broadcast include but are not limited to the St. Mark website and the secure site [www.Facebook.com/stmarks.lifeteen](http://www.Facebook.com/stmarks.lifeteen).

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

**FAMILY LIFE TEEN REGISTRATION FEES:**

**Life Teen Registration is separate and does not qualify for family discount.**

- One Child - \$50.00
- Two Children - \$70.00
- Three Children - \$90.00
- Four or more children - \$100.00

**Please note that fees do not include retreat, conferences or special events.**

**OFFICE USE ONLY**

Date Registered \_\_\_\_\_ By: \_\_\_\_\_

Total Fee: \$ \_\_\_\_\_

Amt. Paid: \$ \_\_\_\_\_  Cash  Check

Rec'd by: \_\_\_\_\_

Deposited to Parish Treasurer on \_\_\_\_/\_\_\_\_/\_\_\_\_