



St. Gregory the Great Catholic Church
 Phone (843) 815-3100
 galvakayser@sgg.cc

2021 - 2022 Youth Ministry and Formation Registration Form

MINISTRY DAYS & TIMES

Sundays

9:15am to 10:45 am: Pre-K to 5th grade

3:00pm to 4:30 pm: Junior High Youth Ministry (6th to 8th grade)

6:00pm to 7:45 pm: High School Ministry (9th to 12th grade)

Wednesdays

5:30pm-7pm: Pre-K to 5th grade

5:30pm-7pm: Junior High Youth Ministry (6th to 8th grade)

FEES

\$60 for one child, \$75 for two, \$90 for three or more children.

No charge for High School Ministry.

Discount for parents who volunteer to serve in our program.

First Communion Sacramental fee is \$20 per child.

Please provide a copy of your child's Baptismal Certificate

Confirmation Sacramental fee is \$30 per child.

Please provide a copy of your child's Baptismal Certificate.

Please contact the Office of Youth Ministry if you are in need of assistance for fees.

Please Print Clearly

Complete Street Address:

Mother's Name _____

Father's Name _____

Cell Phone _____

Cell Phone _____

Business Phone _____

Business Phone _____

E-mail _____

E-mail _____

E-mail is our primary form of communication for all updates on Youth Ministry and Formation.

Students live with (circle one): Mother Father Both Other _____

All information provided is for Youth Ministry and Formation purposes **ONLY** & must be completely filled out in order to complete the registration process. **Lack of information or payment will delay registration.**

Reg. Fee Paid _____ Date _____ Check# _____ Cash _____ Form Office _____

Sac. Fee Paid _____ Date _____ Check# _____ Cash _____ Form Office _____

CHILD'S **FULL** NAME

Date of Birth

Grade in 2021-22

Male or Female

Allergies, Medical Conditions or Limitations: _____

Did this child attend Youth Ministry in 2020-21? NO YES If yes, where? _____

School attending for the 2021-22 school year: _____

Has this child received: Baptism _____ Reconciliation _____ Eucharist _____ Confirmation _____
(Please check all that apply)

MINISTRY TIME PREFERENCES: Day _____

Family or Individual you may carpool with _____

CHILD'S **FULL** NAME

Date of Birth

Grade in 2021-22

Male or Female

Allergies, Medical Conditions or Limitations: _____

Did this child attend Youth Ministry in 2020-21? NO YES If yes, where? _____

School attending for the 2021-22 school year: _____

Has this child received: Baptism _____ Reconciliation _____ Eucharist _____ Confirmation _____
(Please check all that apply)

MINISTRY TIME PREFERENCES: Day _____

Family or Individual you may carpool with _____

CHILD'S **FULL** NAME

Date of Birth

Grade in 2021-22

Male or Female

Allergies, Medical Conditions or Limitations: _____

Did this child attend Youth Ministry in 2020-21? NO YES If yes, where? _____

School attending for the 2021-22 school year: _____

Has this child received: Baptism _____ Reconciliation _____ Eucharist _____ Confirmation _____
(Please check all that apply)

MINISTRY TIME PREFERENCES: Day _____

Family or Individual you may carpool with _____

MEDICAL CONSENT & PERMISSION TO TREAT A MINOR

To the best of my knowledge, my child (ren), _____ is (are) in good health, and I assume all responsibility for the health of my child(ren).

In the event of an emergency, I give permission to transport my child to a hospital for emergency treatment. I wish to be advised prior to any further treatment by the hospital or doctor. If you are unable to reach me, please contact the person listed below.

EMERGENCY CONTACT:

Name: _____ Relationship to my son/daughter: _____

Home Phone: _____ Cell: _____

I give permission to medical personnel to share information with the ***St. Gregory the Great*** Youth Minister in the event of an injury or illness.

PRINT Parent/Guardian's Name: _____

Signature of Parent or Guardian: _____ **Date:** _____

My son/daughter's immunizations are current and up to date. _____ Yes _____ No

Photograph/Press Release: I realize that photographs, videos, written extractions, and voice recordings of program participants may be taken during various activities for the purpose of illustrations, publications, and website.

_____ I hereby authorize and give full consent to ***St. Gregory the Great*** to publish and copyright all photographs, videos, written extractions and voice recordings in which my child appears while participating in ***Youth Ministry and Formation***.

_____ I ***do not consent*** to the photographs, videos, written extractions, and voice recordings release.

Signature of Parent or Guardian: _____ **Date:** _____

Sacrament Check List

Please take time to check off the following Sacraments your child(ren) plan on receiving this year. Please understand that we follow the policies outlined by the diocese that require two years of preparation to receive the Sacraments of First Holy Communion and Confirmation. If this is your first year in any ministry or religious education program please do not check off the Sacrament. If you have any question please contact the office of Youth Ministry and Formation.

This year my child plans on receiving...

___ Baptism Child(ren) name _____ Grade _____

___ First Holy Communion Child(ren) name _____ Grade _____

___ Confirmation Child(ren) name _____ Grade _____

If you checked any of the following boxes the office of Youth Ministry and formation will contact you with confirmation on your child receiving Sacraments this year. If you are not contacted before the start of ministry session, please connect with the office of Youth Ministry and Formation.

For Office Use Only

Date Form was Received: _____ Name of Person who Received Form: _____

Date Response was Sent: _____ Name of Person who sent Response: _____

Notes: