

# ACTION Youth Ministry Registration Form

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent(s) or Guardians Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ cell phone \_\_\_\_\_

parent e-mail \_\_\_\_\_ teen email \_\_\_\_\_

School \_\_\_\_\_ Current Grade \_\_\_\_\_

Parish you are registered in \_\_\_\_\_



REGISTRATION FEE: \$25.00 Make checks payable to St. Philip Neri – St. Albert the Great Parish. (Scholarships available)

Does your child have any learning disabilities or special needs you think we should know about? \_\_\_\_\_

T-shirts size – Small Medium Large X-Large

(Please mark one)