

# Nativity BVM Youth Group Registration Form 2016-2017 School Year

Parish ID:

Date:

**Family Name:**  
*(last name of children)*

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Street Address:

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

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Home Phone: \_\_\_\_\_

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Primary email Address: \_\_\_\_\_

***Name(s) of Child(ren) Who Will be Attending Nativity BVM Youth Group:***

Name	Date of Birth	Grade in 2016-17	School Attending in 2016-17	Year of Confirmation	CYO Sports?
1. _____ M / F					
2. _____ M / F					
3. _____ M / F					
4. _____ M / F					

Parent Information: Circle One: Mother *Step-Mother* Guardian *Other*

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Name \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent Information: Circle One: Father *Step-Father* Guardian *Other*

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Name \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Child(ren) live(s) with:  Mother  Father  Step-Father  Step-Mother  Guardian *(check all that apply)*

Legal Guardian(s): \_\_\_\_\_

Kindly inform the Coordinator of Youth Ministry of any custody arrangements that affect Youth Group (i.e. drop-off or pick-up).

***In case of emergency, please call the following (list 2 people, other than the parents):***

Name of Emergency Contact	Relationship to Child	Phone Number
1. _____		
2. _____		

**Please list any allergy/medical conditions that PREP personnel should be aware of (include child's name):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**My child has an IEP**

**Please list any learning/behavioral issues that PREP personnel should be aware of (if registering more than one child include child's name):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Nativity BVM Youth Ministry is committed to fostering an inclusive environment where all teens are welcome and enabled to develop a fruitful life in faith. For children with an IEP or special needs, the Coordinator of Youth Ministry will be happy to meet with parents/guardians to discuss any necessary accommodations or helpful adjustments

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**Please initial below:**

\_\_\_ I give permission for my children's photos to be used in the Parish bulletin, on the Parish website, in the local newspapers, the Catholic Standard and Times, printed materials and the Archdiocesan website.

\_\_\_ I give permission for my children to receive emergency medical care during PREP.

_____	_____
<b>Parent/Guardian Signature</b>	<b>Date</b>

Mail to:  
Nativity B.V.M. Church  
c/o Chiara Cardone  
30 E. Franklin Street Media, PA 19063  
Rectory phone: 610-566-0185  
Email: youth.nativitybvm@gmail.com