



St. Vincent De Paul Church

Youth Ministry Program

Membership form



Family Name: _____ Year Attending: _____

Address: _____ Home Phone: _____

(day/month are fine)

<u>Teen's Full Name</u>	<u>M/F</u>	<u>Teen's E-mail Address*</u> <small>**Optional**</small>	<u>Teen's Cell phone</u> <small>#*</small> <small>**Optional**</small>	<u>School/Grade</u>	<u>Date of birth</u>

*Note: By indicating teen's cell phone number you acknowledge and agree to your teen being contacted by cell phone and/or receiving text messages.

By indicating teen's E-mail Address you acknowledge and agree to your teen being contacted by E-mail.

• Is the family registered at the parish? Yes No - Member of another parish, please indicate _____

• **Parent's / Guardian's full names:** _____

Home phone: _____ Cell phone: _____

Email: _____ Would you like to receive information by this e-mail? Yes No

• **What is the preferred way to contact you (circle one)** Home phone Cell phone Email

• **Social network site Facebook Communication ?** Do you intend to Friend: Vincent De Paul Yg (circle one) Yes No

** In order to prevent unknown people from posting on the youth group wall we will only accept teens and adults **
from the youth group

• If yes please state you Facebook Profile name for all who will friend Vincent De Paul Yg :

• **Food Allergies:** many people cannot tell that someone is allergic to something until after they eat it. So please let us know if your teen has any known food allergies:

Volunteers: St. Vincent De Paul Youth Group has many ways that teen and Adults can participate. Below are some ways please check off any that you or your child would like to participate in!!

___ Teen Readers during Mass

___ Teen Hospitality ministers (greeters)

___ Teen Singer during mass

___ Teen Musicians during Mass, if yes what instrument(s): _____

___ Parent Leadership team: Most parents work behind the scenes planning events, chaperoning, folding the mass books, and more.

___ Parent cooked meals: If yes what is the best way to contact you: _____

In the event of an emergency, please contact FIRST _____ At # _____
(Please note, our policy is to contact initial parent contact, then alternate parent and finally the emergency contact person stated below)

In the event of an emergency, when parent can't be reached, call (please indicate someone other than parents):

• **Emergency Contact Name:** _____ **Relationship** _____

Phone (list home, work & cell): _____