

INFORMATION FOR CHILD OR YOUTH #2

First Name	Middle Initial	Last Name
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Cellphone #	Date of Birth	Age	Sex
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Name of School	City	Grade
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Do you have any of the following documents for your child/youth? If yes, please attach a copy of the document(s) to this form

Birth Certificate Yes No Baptismal Certificate Yes No 1st Communion Certificate Yes No

What is the last year of Religious Education your child has attended?

Living Arrangements With both Parents With Father With Mother With Guardian

Are there any custody issues or a restraining order in place? Yes No

If "yes", enclose a copy of the most recent applicable court order(s).

Given the nature of the program, does your child or youth have any physical, mental, emotional, cognitive, or other limitations or restrictions that would require the parish to make a minor adjustment to enable your child or youth to participate?

Yes No

If "yes", what type of restriction does your child or youth have or what adjustment(s) will be needed?



PARENT OR GUARDIAN INFORMATION

Father or Guardian First and Last Name

Email

Address

City

Zip Code

Home Phone #

Work Phone #

Cell phone #

Mother or Guardian First and Last Name

Email

Address (if different)

City

Zip Code

Home Phone #

Work Phone #

Cell phone #

PARENT OR GUARDIAN SIGNATURE / FIRMA DEL PADRE, MADRE O GUARDIÁN

By signing this document, I give permission for my child/children/youth to participate in this faith formation program, whether conducted onsite or online.

Signature

Date

