

# OUR LADY OF PERPETUAL HELP PARISH

815 Broadalbin St. SW Albany, OR 97321  
541-926-1449



## YOUTH MINISTRY – LIFE TEEN (HIGH SCHOOL) REGISTRATION FORM

### Youth Information

Last Name:	
First Name:	Middle Name:
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:
Home Phone:	
Address:	
Youth Cellphone:	
City:	State:
Zip Code:	
Grade (High School) <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	School Attends:
Youth Email Address:	
Is youth's family registered in the Parish? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Youth lives with <input type="checkbox"/> Parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other _____	
T-shirt Size (adult sizes) <input type="checkbox"/> Sm <input type="checkbox"/> Med <input type="checkbox"/> Lg <input type="checkbox"/> XL <input type="checkbox"/> XXL	

### Parent/ Legal Guardian Information

Family's Last Name (if different from your child's):		
Home Address:		
City:	State:	Zip Code:
Father's Name:	Cellphone:	
Email Address:		
Mother's Name:	Maiden Name:	
Email Address:	Cellphone:	

### Baptismal Information

Date of Baptism:	Church of Baptism:	
Church Address:		
City:	State:	Zip Code:
Check all that apply: <input type="checkbox"/> My youth has not been baptized		
<input type="checkbox"/> My youth has not received First Communion		
<input type="checkbox"/> My youth will attend Life Teen <input type="checkbox"/> Confirmation Program		

**Note:** Parents will be required to attend two important meetings during the school year. We will contact you with the date and time. Please bring a copy of your youth's Baptismal and First Communion Certificates with you.

**Persons Authorized to pick up your youth are:**

- 1. \_\_\_\_\_ Phone: \_\_\_\_\_
- 2. \_\_\_\_\_ Phone: \_\_\_\_\_
- 3. \_\_\_\_\_ Phone: \_\_\_\_\_

**Persons NOT allowed to pick up your youth are:**

- 1. \_\_\_\_\_ Phone: \_\_\_\_\_
- 2. \_\_\_\_\_ Phone: \_\_\_\_\_
- 3. \_\_\_\_\_ Phone: \_\_\_\_\_

**Communication**

We will communicate with your youth (and you) by email and text whenever possible to save on postage

Do we have permission to Text your teen?  Yes  No

Do we have permission to Email your teen?  Yes  No

Do we have permission to Facebook your teen/ Instagram?  Yes  No

**Photo and Video Release**

Permission to publish photos and/or videos of your youth for the purposes stated below

Please INITIAL next to "YES" or "NO" for each of the statements below.

\_\_\_\_\_ Yes, I authorize the use of photographs and/or videos of my child to be used for church publications, bulletin boards, retreat/event souvenir photo CD's and other church activities.

\_\_\_\_\_ No, photographs or videos of my child may not be used for the above stated purposes.

\_\_\_\_\_ Yes, I authorize the use of photographs and or videos of my child to be posted on OLPH website and Facebook page

\_\_\_\_\_ No, photographs or videos of my child may not be posted on OLPH website and Facebook page.

I understand that there will be no identifying information (name, age, etc.) included in these publications

**Parent/Guardian Signature**

Signature _____	Date _____
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**Registration Fees (payable to St. Mary's Catholic Church)**

Life Teen (High School Youth and Confirmation Program) \$60.00  
 ⇒ This fee covers registration, resources, supplies, youth group, youth activities and sacramental preparation. It does not cover retreats fees and some special event fees. Please contact the office for scholarship information. All inquiries are strictly confidential.

<b>For office use only:</b>
Date Paid: _____
Amount \$: _____
Cash: _____
Check #: _____