



YOUTH MINISTRY
 St. Anne's Parish
 12233 TECUMSEH ROAD EAST
 Tecumseh, Ontario, Canada N8N 1M3
 Coordinator: Nancy Asciak, Work: 735-2182,
 Home: 979-2435, Cell: 984-9457
 email: songbird.nancy@cogeco.ca

PD	_____
HC	_____
BD	_____

Registration Form: Please Print

I am joining the 4,5,6 group: _____

I am joining the 6,7,8 group: _____

I am in grade 6 and joining both: _____

Youth's Name: _____

Address: _____ Postal Code: _____

Town or City: _____ Home Phone #: _____

Cell #: _____ Date of Birth: month _____ day _____ year _____

Grade: _____ School: _____ Teacher: _____

Email: _____

Parent (s) names who live in the home: _____

Parents email address: _____

We ask that you give permission now, by signing this form below, for your child to participate in our various activities in and away from the church.

I _____ give my child _____ permission to participate in any activity the youth group team has planned.

Signed: _____

I give my Son/Daughter permission to attend St. Anne's youth group this school year. I understand that the adults running the programs can not be responsible for accidents or anything happening outside of the program times.

Signed: _____ Date: _____

Please have your child return these completed forms with the payment of \$25.00 to us as soon as possible. They can bring it to their first meeting. We realize that not all children can attend all the meetings. This is not a problem. Come when you can! If you have any questions or concerns, please, do not hesitate to call me.

(Nancy Asciak: office 735-2182, home 979-2435, cell 984-9457)

Please Turn Over 

**Opportunities are available for Parents/Guardians to help as
Youth Ministry Volunteers!!**

**Occasionally we need extra hands, heads, bodies, etc.
Please check what special gifts or services you can share with us.**

Your child's name: _____ in 4,5,6 group: _____ or 6,7,8 group _____

Your name: _____

Phone# _____ Cel #: _____

_____ Provide cookies or other snacks from time to time.

_____ Chaperon events.

_____ Drive bus.

_____ I have a special talent or skill that I can share, if asked ahead of time. For example: artist, crafts, career (police, firefighter, nurse, doctor, musician, other) : _____

Health Information:

Does your child suffer from any serious illness that we should be aware of?

Does your child need to be given any special medication during youth group functions?

Are there any other special conditions or concerns that we should be aware of in order to meet the needs of your child?

Family Doctor: _____ Phone: _____

Health Card # _____

Emergency contacts in case you cannot be reached:

Name: _____ Phone# _____

Name: _____ Phone# _____