

**San Martin de Porres LIFE TEEN REGISTRATION**  
**REGISTRATION TUITION: DONATIONS APPRECIATED**

**2014-2015**

**Welcome to Life Teen at San Martin de Porres! To help us serve you better, we ask that you:**

- **PRINT CLEARLY** and fill out all forms completely. Please contact us if any information below changes.

*"Christian families offer a special contribution to the missionary cause of the Church by fostering missionary vocations among their sons and daughters(135) and, more generally, "by training their children from childhood to recognize God's love for all people."(136)*  
*-Familiaris Consortio*

**LIFE TEEN SUGGESTIONS:**

- 1) Parents are in support of helping raise their child (or children) in the Catholic Church.
- 2) Parents are concerned and taking interest in practicing their faith individually, as a family, and as a Church.
- 3) Parents support the youth ministry through prayers, volunteering, and/or donations, etc.

**~ STUDENT INFORMATION ~**

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_ Sex (M/F) \_\_\_\_\_

Address: \_\_\_\_\_

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

School: \_\_\_\_\_ Current Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Baptism: \_\_\_\_\_  
(Date) (Church) (City) (State)

As a Sacramental concern on behalf of our parish is your Child:

Was child baptized?  Yes  No      Receive First Communion?  Yes  No

Made Confirmation?  Yes  No

Are there any special needs your child has – such as medical conditions, learning needs, allergies, family situations, etc., which we should be aware of? \_\_\_\_\_

**~ PARENT INFORMATION ~**

Father's Name:

\_\_\_\_\_  
(First) (Middle) (Last)

Mother's Name:

\_\_\_\_\_  
(First) (Middle) (Last) (Maiden)

Father's Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Mother's Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Parent's Marital Status (please check one):  Married  Separated  Divorced  Widowed  Single

Child resides with:  Both Parents  Mother  Father  Other: \_\_\_\_\_

Are you a registered member of San Martin de Porres Church:  Yes  No

Parents preferred method of contact:  Home Phone  Cell Phone  E-mail

**E-mail:** The majority of our information is distributed via email notification. Please provide at least one email address you check regularly and please print clearly.

\_\_\_\_\_  
\_\_\_\_\_

**--- OVER ---**

<b><i>In the event of an emergency and parents/guardians are unavailable, who should we contact?</i></b>	
Emergency Contact:	
Relationship:	
Telephone Number:	Cell Number:
Parent/Guardian's Signature:	
<b><i>Do we need to be aware of any special circumstances (i.e., custody restrictions or adoption information, family concerns/issues, etc.)</i></b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b><i><u>If yes, please explain:</u></i></b>	
<b><i>Be assured of absolute confidentiality in any disclosures made to our office. Information is shared only when necessary with emphasis on confidentiality.</i></b>	

### WISH LIST

**Life Teen cannot run at 110% without volunteers and we could really use your help. Each parent is suggested to contribute volunteer hours. Please check all areas of interest:**

COOKING:\_\_\_\_SERVING FOOD:\_\_\_\_TRANSPORTATION :\_\_\_\_DECORATIONS:\_\_\_\_  
 FUNDRAISING:\_\_\_\_\_EDGE CORE\*:\_\_\_\_LIFE TEEN CORE\* \_\_\_\_\_

\*Training will be provided

***\*Please note that participation in some areas require compliance with Diocesan Safe Environment policies.***

**Registration Fee: Although we do not charge a registration fee we cannot support the ministry on our own. Currently we are asking for a voluntary annual donation of \$25.** In no way is this mandatory only a request. If you are able to help us we would greatly appreciate it, otherwise and more importantly we ask for your prayers.

**PARENT/GUARDIAN CONSENT:** I consent to my child being registered in the San Martin Life Teen Program. I am aware that they will be instructed in Roman Catholic Doctrine and Traditions. As the person primarily responsible for my child's faith formation, I agree to reinforce these teachings and practices at home. I also take responsibility for their attendance, and to instruct my child regarding proper behavior while attending the Life Teen Program.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b><i>For Office Use Only</i></b>	<b>Check #:</b>	<b>Paid Cash</b> <input type="checkbox"/>	<b>Amount Pd.:</b>	<b>Balance Due:</b>
<b>Date Received:</b>	<b>Data Entered:</b>		<b>Signatures Complete?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b><u>Comments:</u></b>				