

Family Registered in Parish?
 Y N
 If no, Where? _____

Welcome to Youth Ministry!

Holy Family Catholic Church
 P.O. Box 130
 Clemmons NC 27012
 778-0600 Youth Ministry ext. 204
 Peggy McGrath

2010-2011
 Date: _____
 Fee Paid: _____
 Sacr. Fee: _____
 Health Form: _____
 Bapt. Cert.: _____

Please Print Clearly

Family Name Street Address City/State Zip Home Phone

Fathers First Name Religion Work Phone Cell Phone

Mothers First Name Religion Work Phone Cell Phone

Emergency Contact Information Name Phone Relationship

Names of children

To be enrolled	M/F	Birth Date	School /grade '10-'11	Special Needs/Sacramental Needs
			/	
			/	
			/	
			/	

Please enter students first name in the appropriate space

Middle School Youth Ministry
Sunday 6:00-7:30

Grade 6 _____
 Grade 7 _____
 Grade 8 _____ *

High School Youth Ministry
Sunday 6:00-7:30

Grade 9 _____
 Grade 10 _____
 Grade 11 _____
 Grade 12 _____

* Please note if your child is in 8th grade and/or receiving Confirmation this school year, an additional Sacramental fee of \$50.00 to cover other supplies needed for sacramental prep will be requested. Please provide a copy of the baptismal certificate; this is needed for all sacramental prep students.

1 student in family \$65.00, 2 students \$125.00, 3 students \$180.00, 4 or more \$225.00 (max)

Please Note: Tuition is waived for catechists and 50% off for aides and Core Members. Tuition will be confidentially waived for anyone expressing financial hardship.

Volunteer Needs: Catechist _____ Aide _____ Confirmation Core Member _____
 High School Core Member _____

Volunteer name(s): _____