

**St. Cecilia Religious Education and Youth Ministry
2008-2009 Programs**

Family name: _____

Mother: _____ Religion: _____ Father: _____ Religion: _____

Address: _____

Telephone numbers: Home _____

Mother's work or cell _____ Father's work or cell _____

e-mail: Mother: _____

Father: _____

Preferred* method for routine communication (check one):

U. S. Mail Home Phone

Mother's work or cell Mother's e-mail Father's work or cell Father's e-mail

Preferred method of emergency communication (check one):

Home Phone Mother's work or cell Father's work or cell Mother's email Father's e-mail

*For middle school and high school students, e-mail is the primary mode of communication .

Children:

Name	Birthdate	Grade	Program(s)*	Year / Location of Baptism
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

* Enter P for Sunday pre-school, M for Monday Grade 1 – 5, W for Wednesday Grade 1-5, A for Alternative Religious Education Program, MS for Middle School, HS for High School, TOB for Theology of the Body, or B for High School Bible Study.

Important medical information or food allergies of your children:

Child's Name	Concern
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Children preparing for sacraments this year:

Child's Name	Sacrament	Payment due _____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Payment record		
Date	Amount paid	Check number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

All parents are expected to help in the Youth Ministry/Religious Education Programs. In what way can you help this year?

- Catechist _____
- Substitute _____
- Aide _____
- Chaperone _____
- Provide food _____
- Pray for youth _____
- HS Youth Group Leader _____