

ST. ANN SENIOR HIGH YOUTH GROUP

Emergency Contact & Information



Student's Name: _____ **DOB:** _____

Home Address: _____

City: _____ **State:** _____ **Zip:** _____

Email Address: _____

Cell Phone: _____

School Attending: _____

Grade in School (2017-2018): _____

Parent/Guardian Name: _____

Home/Cell Phone: _____

Email Address: _____

Parent/Guardian Name: _____

Home/Cell Phone: _____

Email Address: _____

Parish/Church: _____

Sacraments Completed:

_____ Baptism _____ First Communion _____ Reconciliation _____ Confirmation

I am excited about the St. Ann Senior High Youth Program. I promise to cooperate with the advisers, the director, and the Holy Spirit as we grow together.

Student's Signature _____
Date

Parent's/Guardian/s Signature _____
Date

By selecting this box I agree to all terms and conditions herein.