

St. Mary's Religious Education Office

P.O. Box 470

Taylorville IL 62568

YOUTH GROUP REGISTRATION FORM

Family Name:			
Name of Child	Grade	CURRENT SCHOOL	SACRAMENTS RECEIVED BAPTISM, CONFIRMATION EUCHARIST (use initials B,C, E for sacraments received))
1.			
2.			
3.			
4.			

Family Address (Include Zip Code): \_\_\_\_\_

Emergency Information

Family's Home Phone number	
Family's Email Address	
Phone number to reach father	
Phone number to reach mother	
If Parents can't be reached, please call	
If a doctor is needed, who should we call?	
If an ambulance is needed, who should we call?	
Allergies	

\$25.00 registration fee PER CHILD: Cash Check# Paid: Yes No