



YDisciple Registration

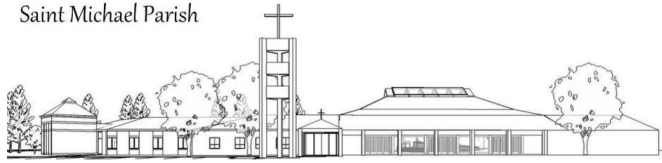
Please fill out completely pages 1&2

Mission Statement
 To Proclaim the Gospel
 To Celebrate the Eucharist
 To Serve the People of God

Parent Information

Registration Fees
 \$40 per student due by
 August 1st to be ready
 for classes in mid Sept.
RE Office
 Date: _____
 \$: _____
 #: _____

Is your family Registered Members?	Yes No -if no please explain;		
Primary Mailing Address:	Street Address		
<input type="checkbox"/> Check if Parent Addresses are the same	City	State	Zip Code
Primary FAMILY EMAIL Address: (communication done by email)			
Primary Phone	If this is a cell phone may we text with reminders and updates? Yes No		
Mother/ Parent Full Name			
Mailing Address: (if different)	Street Address	City	State Zip Code
EMAIL Address:			
Work number/Cell Number:	/	May we text this cell phone reminders and updates? Yes No	
Parish (if other then St Michael)	Occupation:		
Father/ Parents Full Name			
Mailing Address: (if different)	Street Address	City	State Zip Code
EMAIL Address:			
Work Number/Cell Number:	/	May we text this cell phone reminders and updates? Yes No	
Parish (if other then St Michael)	Occupation:		
Permissions:	As a parent and or legal guardian, I remain legally responsible for my children. <u>Please Initial those that you agree to:</u>		
	I do wish for my child to participate in activities/field trips off campus during this Religious Education/Life Teen/ Y-Disciple Year.		
	I have read and understand the contents of the St. Michael Religious Education Handbook that is Online.		
	I understand that there will be Parent Involvement Activities and that I need to be involved in helping my child learn about the Catholic Faith.		
	I understand that a parent must be present at our Parent Meetings- the key to a successful program is working together.		
	I would be willing to open my home to sessions as needed when it works & has been previously arranged by the Youth Minister/Coordinator/Leader.		
	I grant permission to publish pictures of your children or their artwork, for the churches publicity information, i.e., Newsletters, Bulletin, Website, Newspapers. No names will be published except for the child's teacher class list.		
	I understand that Communication for the Religious Education/LifeTeen/Y-Disciple program will primarily be done through email.		
	I _____, Parent of _____ promise to do my best at raising my child in the Catholic faith. <u>I understand that this includes attending Mass on Sundays and Holy Days of Obligation together</u> and receiving the Sacrament of Reconciliation. My child will attend the sessions and I will discuss, with my child, what they learned at class. In addition to, living the faith and praying at home with them. Parent/Guardian signature _____ Date _____		



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STUDENT INFORMATION

NAME: First, Last

DOB _____ M / F _____ Grade & School _____

Sacrament information: Baptized: Yes or No Date _____ Reconciliation: Yes or No Eucharist : Yes or No Confirmation: Yes or No

EMAIL Address: _____

Phone/Cell Number: _____ | _____ | May we text this cell phone reminders and updates? Yes No

After discussing YDisciple groups with my teen; **These are the other teens that will help me and challenge my teen on their faith journey that I would be good in a group with;**

After discussing YDisciple groups with my teen; **These are the adults that we think would be a good discipleship leader;**

Any other info that will assist us in placing your student in a YDisciple group. **Days/times that work best?**

Medical Information, Allergies Educational & Behavioral Traits Information

NAME: First, Last

DOB _____ M / F _____ Grade & School _____

Sacrament information: Baptized: Yes or No Date _____ Reconciliation: Yes or No Eucharist : Yes or No Confirmation: Yes or No

EMAIL Address: _____

Phone/Cell Number: _____ | _____ | May we text this cell phone reminders and updates? Yes No

After discussing YDisciple groups with my family; **These are the young people at St Michael that will help me and challenge me on my faith journey;**

After discussing YDisciple groups with my family; **These are the adults that we think would be a good discipleship leader;**

Any other info that will assist us in placing your student in a YDisciple group. **Days/times that work best? Groups are made based on compatibility with others and with times they can meet.**

Medical Information, Allergies Educational & Behavioral Traits Information for teacher