YOUTH MINISTRY/CONFIRMATION EMERGENCY FORM - GRADES 7-12

This form is necessary for enrollment and must be submitted at registration.

1st Youth

Last Name / First Name	Parent or Guardian's Signature	Parent's Full Name	Date

Youth's Date of Birth	Age	Emergency Phone No.

2nd Youth

Last Name / First Name	Parent or Guardian's Signature	Parent's Full Name	Date

Youth's Date of Birth	Age	Emergency Phone No.

3rd Youth

Last Name / First Name	Parent or Guardian's Signature	Parent's Full Name	Date

Youth's Date of Birth	Age	Emergency Phone No.

Address	City	Zipcode

I/We request that the above child be permitted to attend **St. Matthew Youth Ministry/Confirmation Program.**
I [parent(s)] agree to all of the guidelines outlined in the Registratin Packet and agree to the emergency instructions.
In the event of an emergency and I do not answer my phone or the emergency contact listed below is not available, I give St. Matthew permission to seek medical care for my child. I accept responsibility for the payment of these medical services.

Please Initial _____

** Name of other persons authorized to pick up your child from class:

Contact Person: _____ Emergency Phone No: _____

Parents are responsible to inform the office whenever there are changes to any of the above information!

CUSTODY ISSUES: Absent a copy of a court order, we will assume that both parents have custody of the child. If there are custody problems which might involve St. Matthew, please attach any necessary information. Specific custody restrictions must be verified by providing us with a copy of the COURT ORDER.

(PARISH OFFICE USE ONLY)

Youth's Name	Signature of parent or guardian	Print Full Name	Date	Time