## REGISTRATION-Middle School

# 7th & 8th Grades YOUTH MINISTRY REGISTRATION 2024-2025

# 10431 TWIN RIVERS ROAD COLUMBIA, MD 21044

# CONTACT: Pablo Maldonado

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| Faith Formation Information |
| Middle School Faith Formation – Our middle school program will meet every Sunday from 1:30pm-3:00pm. Middle schoolers will have the opportunity to engage with their faith through religious themes including small groups, games and more.Sacrament Preparation - If your youth is in middle school and has not yet received one or more of the Sacraments, please indicate with student information. |
| Parent/Guardian Information |
| Family Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB:­­\_\_\_\_\_\_\_\_\_\_\_ Relationship to Child:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parent/Guardian Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB:\_\_\_\_\_\_\_\_\_\_\_ Relationship to Child:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_I give permission to receive text updates and reminders via Flocknote regarding my teen’s formation. □ YES □ NOI hereby authorize the Parish to take photographs, video, and audio recordings of my Child in connection with my Child’s participation in the program. □ YES □ NOAre you registered parishioners at St. John the Evangelist? \_\_\_\_\_ YES \_\_\_\_\_NO (If not please list your registered parish) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| WE NEED YOUR HELP! – Volunteer Opportunities |
| Our youth ministry program cannot function without the help of our volunteers. We kindly ask you to consider volunteering for one or more of the options below. |
|  7th & 8th Grades\_\_\_\_ Catechist: Grade\_\_\_\_ \_\_\_\_Hallway Monitor\_\_\_\_ Co-Catechist: Grade\_\_\_\_ \_\_\_\_Provide Meals\_\_\_\_ Classroom Helper | 9th-12th Grades\_\_\_\_ Catechist: Grade­­­\_\_\_\_\_ \_\_\_\_Hallway Monitor\_\_\_\_ Co-Catechist: Grade\_\_\_\_\_ \_\_\_\_Provide Meals\_\_\_\_ Classroom Helper |

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| Individual Youth Information |
| Youth’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name of School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_ Grade entering in fall of 2024 \_\_\_\_\_\_\_ Gender M FEmail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Has your teen received the Sacrament of: Baptism - YES NO First Communion - YES NO Confirmation - YES NOPlace of Baptism:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Place of First Communion:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_I give permission for my teen to receive text updates via Flocknote about events and programming. □ YES □ NOMedical Conditions/Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Please explain any disabilities your child has: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Prescription Medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

MATERIAL FEE SACRAMENTAL MATERIAL FEE Checks payable to:

 $30 Communion - $20 St. John the Evangelist

 10431 Twin Rivers Road

 Columbia, MD 21044

I UNDERSTAND THAT REGISTERING FOR A SACRAMENT MEANS INCURRING COSTS OF MATERIALS LIKE BOOKS, RETREATS, EVENTS, ETC. I AGREE TO PAY THE FEES ABOVE THAT HELP TO COVER THESE COSTS.

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|  Please check form of payment: Check Credit Card Cash |

Signature and Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notice of Non-Verification of Immunization

St. John the Evangelist and the Archdiocese of Baltimore affirm our collective commitment to providing religious education with the safety and wellbeing of all children as our primary focus.

Although proof of immunization is not required to participate in a religious education program, you should take notice that if your child is not immunized, he/she is considered at risk for the disease or diseases against which vaccination offers protection. Vaccine preventable diseases still exist, and especially can spread quickly in child group settings, such as a religious education program. If an outbreak of the disease against which a child has not been fully vaccinated occurs during a religious education program, the child’s risk of contracting the disease increases significantly.

Participation in religious education at the Parish is completely voluntary. By enrolling a child who has not been vaccinated in religious education at the Parish, parents and guardians recognize, appreciate, and assume the risks associated with lack of immunization. This voluntary enrollment similarly means that parents and guardians understand and agree that St. John the Evangelist and the Archdiocese of Baltimore are not responsible or liable for any disease contracted by a child who is not immunized while participating in an educational program at the Parish.

Signature and Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_