

SAINT MARK YOUTH MINISTRY REGISTRATION FORM

PLEASE PRINT CLEARLY

If your child is being registered for the Sacrament of Confirmation, a Baptismal Certificate must be attached to this form.

Youth Name _____
First Middle Last

School _____
Name graduation year

Home Phone _____ D.O.B. ____/____/____
MM DD YY

E-mail _____

Address _____
Street City Zip

Registered in St. Mark parish
 YES NO (Circle One)
 If not, where: _____

\$50 for each child not to exceed \$100 per family
 Payable to:
 St. Mark Youth Ministry

Sacrament(s) Received: (Check all that apply)

Baptized Catholic First Reconciliation First Communion Confirmation

(Circle your first preference)	Grade 7 ONLY	Grade 8 ONLY	High School Grades 9-12
Sunday	1pm - 3pm	4pm - 6pm	7pm - 9pm
Tuesday	7pm - 9pm	---	---
Wednesday	---	7pm - 9pm	---

Note: Your first choice is on a first come first serve basis.

 Adult Information:

Fathers Name _____ e-mail _____
First Last

Fathers Home# _____ Cell# _____

Mothers Name _____ e-mail _____
First Last

Mothers Home# _____ Cell# _____

You Are: Parent Guardian: Relationship _____ Grandparent (Check One)

 OFFICE USE ONLY

Copy of Baptismal Certificate Y N

Tuition Paid: Cash _____ Check # _____ Amount _____

Registrar Signature _____ Date _____