

ST. MONICA'S CATHOLIC CHURCH
Life Teen Information Form

Last Name: _____ First Name: _____

Nickname (what name you prefer to be called): _____

Best phone number to contact you: _____

Date of Birth (M/D/Y): _____ Grade: _____ Gender: Male / Female

Mailing Address: _____

City: _____ Zip Code: _____

What interests / talents / hobbies / sports, etc. do you have? _____

Any food allergies or allergic reactions? Yes / No If yes, please indicate the allergy:

Are you Catholic? Yes / No If Yes, are you parishioners of St Monica Parish?: Yes / No
If Yes, what sacraments have you received?: Baptism: Yes / No Communion: Yes / No Confirmation: Yes / No

PRIMARY CONTACT: PARENT / GUARDIAN INFORMATION:

This information is needed for any emergencies and as a point of contact

Name: _____

Relationship: Parent / Step-parent / Grandparent / Guardian / Other: _____

Phone #: _____ Email Address: _____

Name: _____

Relationship: Parent / Step-parent / Grandparent / Guardian / Other: _____

Phone #: _____ Email Address: _____

Name: _____

Relationship: Parent / Step-parent / Grandparent / Guardian / Other: _____

Phone #: _____ Email Address: _____

EMERGENCY INFORMATION:

I authorize a representative of St. Monica's Religious Education Center to refer and/or transport my child to the doctor in the event of an emergency or sudden illness, providing the primary caretakers / guardians listed above cannot be reached. I release the Religious Education Center and St Monica Catholic Church and all personnel involved from liability for injuries sustained by my child while being transported for the above reason.

Parent's Signature

Date