

**John Paul II Young Disciples Group
(Y.D.G.) Registration Form (Grades 5-9)**

Child's Full Name: _____

Birth Date: _____ Male: _____ Female: _____

School: _____ Grade: _____

Mother/Guardian's Name: _____

Father/Guardian's Name: _____

Address: _____

City, Province: _____ Postal Code: _____

Home Phone Number: _____ Parent/Guardian's E-mail: _____

Cell Number(s): _____

I would like to be communicated by: e-mail _____ Phone: _____

The information below is confidential to those involved in teaching religious education. Does your child have any special needs due to a learning disability, physical disability, reading difficulty, hearing impairment, emotional problem or any other reason?(Please explain) _____

Describe any allergy, chronic illness or other conditions: _____

Does your young person take any medications? No _____ Yes _____

List _____

In case of emergency, please contact _____

Phone _____

My youth has been baptized in the _____ Roman Catholic Church

_____ Other, please specify _____ or Not Baptized _____

Date of Baptism _____ Place of Baptism _____

Priest who baptized your child _____

Godparents _____

Volunteers

Parent and adult volunteers are an important part of Youth Ministry. Could we call on you to help us out once _____ or more often _____ during the year?

Your special talents are _____ teaching assistant _____ snack preparation _____ Arts and crafts _____ music _____ dance _____ other (specify)

Photo Release Statement

Children may be photographed and/or videotaped anytime during group activities and events. The resulting photographs and/or videotaped footage may be edited, if necessary and then published and/or broadcast for the purpose of promoting the Religious Program in the Archdiocese of Charlottetown.

_____ I hereby grant permission for my youth to be photographed and/or videotaped.

Name (Please Print) _____ Date _____

Signature _____

_____ I hereby decline to grant permission for my youth to be photographed and/or videotaped.

Name (Please Print) _____ Date _____

Signature _____

Thank you for taking the time to fill out this form. It will help us to serve your child better. If you have any questions or concerns please feel free to contact me, Louise Doucette (Mrs. D.) 902-394-0681.