

**Director USE ONLY**

Church Registration Y \_\_\_ N\_\_\_  
SBY Reg. Fee \$ \_\_\_\_\_  
Check # \_\_\_\_\_  
Cash \$ \_\_\_\_\_

**2009-2010 SCHOOL YEAR  
YOUTH (6th-12<sup>th</sup>) GROUP REGISTRATION  
ST BENEDICT CATHOLIC CHURCH**  
Falcon, CO 80831  
Ph. 495-2351 Fax 495-9062

**SBY COST Fee**

\$30.00 Per child or  
\$50.00 per Family

**TODAY'S DATE** \_\_\_\_\_

FAMILY NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ P.O.BOX \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE: (\_\_\_\_) \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

**Unlisted?    Y            N                                      When Sending Mail, Address To (Choose One)**

Mr./ Mrs.   Mr.   Mrs.   MS.   Miss   Dr./Mrs.   Mr./Dr.   Other: \_\_\_\_\_

**Parent's/Guardian's Information (please fill out completely)**

**Relationship to child:** \_\_\_\_\_

**Relationship to child:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Business:** \_\_\_\_\_

**Business:** \_\_\_\_\_

**Bus. Phone:** \_\_\_\_\_

**Bus. Phone:** \_\_\_\_\_

**Cell phone:** \_\_\_\_\_

**Cell phone:** \_\_\_\_\_

**Religion:** \_\_\_\_\_

**Religion:** \_\_\_\_\_

**Marital Status:** \_\_\_\_\_

**Marital Status:** \_\_\_\_\_

\*\*\*\*\*

**Student Name:** \_\_\_\_\_ **Grade 2009-10:** \_\_\_\_\_ **Sex:** \_\_\_\_\_

Religion: \_\_\_\_\_ School: \_\_\_\_\_ Birth Date: \_\_\_/\_\_\_/\_\_\_

Check if received or on file:    Baptized \_\_\_\_\_    Penance \_\_\_\_\_    1<sup>st</sup> Comm. \_\_\_\_\_    Confirmation \_\_\_\_\_

Health Problems: \_\_\_\_\_

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**Student Name:** \_\_\_\_\_ **Grade 2009-10:** \_\_\_\_\_ **Sex:** \_\_\_\_\_

Religion: \_\_\_\_\_ School: \_\_\_\_\_ Birth Date: \_\_\_/\_\_\_/\_\_\_

Check if received or on file:    Baptized \_\_\_\_\_    Penance \_\_\_\_\_    1<sup>st</sup> Comm. \_\_\_\_\_    Confirmation \_\_\_\_\_

Health Problems: \_\_\_\_\_

**ON THE BACK** Add additional children, also there are volunteer opportunities

**Student Name:** \_\_\_\_\_ **Grade 2008-09:** \_\_\_\_\_ **Sex:** \_\_\_\_\_

Religion: \_\_\_\_\_ School: \_\_\_\_\_ Birth Date: \_\_\_/\_\_\_/\_\_\_

Check if received or on file: Baptized\_\_\_\_ Penance\_\_\_\_ 1<sup>st</sup> Comm.\_\_\_\_ Confirmation\_\_\_\_

Health Problems: \_\_\_\_\_

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**Student Name:** \_\_\_\_\_ **Grade 2008-09:** \_\_\_\_\_ **Sex:** \_\_\_\_\_

Religion: \_\_\_\_\_ School: \_\_\_\_\_ Birth Date: \_\_\_/\_\_\_/\_\_\_

Check if received or on file: Baptized\_\_\_\_ Penance\_\_\_\_ 1<sup>st</sup> Comm.\_\_\_\_ Confirmation\_\_\_\_

Health Problems: \_\_\_\_\_

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**Student Name:** \_\_\_\_\_ **Grade 2009-10:** \_\_\_\_\_ **Sex:** \_\_\_\_\_

Religion: \_\_\_\_\_ School: \_\_\_\_\_ Birth Date: \_\_\_/\_\_\_/\_\_\_

Check if received or on file: Baptized\_\_\_\_ Penance\_\_\_\_ 1<sup>st</sup> Comm.\_\_\_\_ Confirmation\_\_\_\_

Health Problems: \_\_\_\_\_

**NAME OF PERSON/PERSONS VOLUNTEERING:** \_\_\_\_\_

- DRIVER** for youth activities
- CHAPERONE** for youth social activities
- WINTER Retreat** Team help
- SPRING Retreat** Team help
- MEAL PREPARATION** for activities
- MEAL PICK UP and delivery**

**More information will be provided after registration**