

Life Teen Registration Form
St. Anthony's Parish
2019-2020

Teen's first name: _____

Teen's last name: _____

Teen's Grade: _____

Teen's email address: _____

Teen's phone #: _____

School attending: _____

Teen's date of birth: _____

Which sacraments does your child have?

- Baptism
- Holy Communion
- Confirmation

Did your child attend faith formation last year? Yes No

Parent/Guardian's Name: _____

Parent/Guardian Address (Street/PO Box, City, State, Zip): _____

Parent/Guardian Phone #: _____

Parent/Guardian Email address: _____

Emergency Contact Person and Phone #: _____

Family Doctor's Name: _____

Family Doctor's Contact #: _____

Teen's Allergies: _____

Medications your child takes regularly: _____

Do you give Life Teen Core members permission to give your child over the counter medications? (Tylenol, Ibuprofen, Imodium, etc.)

Yes No

Is your child allowed to drive to and from Life Teen events? Yes No

T- Shirt Size: YL S M L XL XXL XXXL

Would you like to volunteer for any Life Teen Events? Yes No