

Our Lady of Fatima  
Junior High Youth Ministry  
Registration Form September 2011 – May 2012  
*Please fill out at least the starred (\*) fields*

Student

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

\*Address: \_\_\_\_\_ \*City/State: \_\_\_\_\_

\*Zip Code: \_\_\_\_\_ \*Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

\*Date of Birth: \_\_\_\_\_ \*Gender: \_\_\_\_\_

\*Grade: \_\_\_\_\_ \*School: \_\_\_\_\_

Parents/Guardians

\*Mother's Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

\*Father's Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Allergies: (Please specify if "None")**

**NONE** \_\_\_\_\_ **ALLERGIES:** \_\_\_\_\_

Is there anything you think we should know about your child's medical or learning needs?

\_\_\_\_\_

**If your child will need to take medication during Youth Group Events, please request a medical form.**

*\*\* A fee of \$60 is due with your registration form. If you cannot afford the \$60, please pay what you can and a scholarship will fulfill your fee.*