

2018-2019 REGISTRATION FORM  
SAINT PAUL HIGH SCHOOL PROGRAM

Youth's Full Name: \_\_\_\_\_ Yr 1 Yr 2

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ School attending: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

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

Contact information: Youth's cell #: \_\_\_\_\_ Home #: \_\_\_\_\_

Mother's cell#: \_\_\_\_\_ Father's cell #: \_\_\_\_\_

**PRIMARY E-MAIL:** \_\_\_\_\_

\*\*\*\*\*

**BAPTISMAL INFORMATION**

Date of Baptism (Month, day, year): \_\_\_\_\_

Church (Name, City, State) where baptized: \_\_\_\_\_

*NOTE: Please provide a copy of the baptismal certificate for the records for confirmation.*

.....

**MEDICAL INFORMATION**

ALLERGIES, medical, physical &/or dietary restrictions: \_\_\_\_\_

Other important medical information: \_\_\_\_\_

\*\*\*\*\*

**EMERGENCY CONTACT INFORMATION**

**PRIMARY** name/number to call if an emergency arises: \_\_\_\_\_

Emergency contact information if we are unable to reach parents (name/number):

Name: \_\_\_\_\_ Number: \_\_\_\_\_

\*\*\*\*\*

**PARENT'S SIGNATURE:** \_\_\_\_\_ Date: \_\_\_\_\_

Registration fee: \$65.00 Paid (check cash )