



St. Francis Xavier Parish
PSR Youth Group
Registration Grades 7th grade & up



Student's Name _____ Date of Birth _____ Grade _____

Mother's Name (or Legal Guardian) _____ Catholic? ___Y___N

Father's Name (or Legal Guardian) _____ Catholic? ___Y___N

Address _____ City _____ Zip _____

Mother's Phone (or Legal Guardian) _____ Text? ___Y___N

Father's Phone (or Legal Guardian) _____ Text? ___Y___N

Student Phone _____ Text? ___Y___N

Parent/Guardian E-mail _____

Student E-mail _____

Are you a registered member of St. Francis Xavier Parish? ___Y___N

If no, what parish do you belong to? _____

Grade ___7th___ ___8th___ ___9th___ ___10th___ ___11th___ ___12th___

School attending _____

Baptism ___ Date _____ Place (church, city, state) _____

1st Communion ___ Date _____ Place (church, city, state) _____

Confirmation ___ Date _____ Place (church, city, state) _____

Willing to help with Youth Group _____YES _____NO

MEDICAL INFORMATION in the event of an emergency. This information is confidential.

Emergency Contact _____ Phone _____
(Other than listed above)

Hospital Preference _____

Physician _____ Phone _____

List any allergies _____

List any current medications/medical concerns _____
(You may use the back of this form if more space is needed)

Parent Signature _____ **Date**

Place in an envelope marked "Youth Group" and deliver to the Parish Office.

7319 Route M.
 Jefferson City, MO 65101
 573-395-4401