

Y.E.S!

Annunciation of the Lord Catholic Church Youth Education and Spirituality 2009-2010

Fees: \$25 per child	
Cash	_____
Check	_____
Other	_____
For office use only	

Last Name of Family/Household _____

Address _____

Father/Guardian _____ street Work Phone _____ city Home _____ zip _____

Mother/Guardian _____ Work Phone _____ Home _____

Emergency Contact other than parent _____ Phone _____

Child lives with: Both Parents _____ Mother _____ Father _____ Guardian _____

Mail should go to: Both Parents _____ Mother _____ Father _____ Guardian _____

Mother's address, if different: _____

Father's address, if different: _____

Family email: _____

CHILDREN ATTENDING Y.E.S! CLASSES:

NOTE: Children preparing for First Reconciliation, First Communion and Confirmation will also need to register for this preparation. Be sure to pick up information packet today, if needed.

Child's Name _____ Prefers _____ Gender _____

School Currently Attending _____ Grade _____

Date of Birth _____ Place of Birth _____

Church Where Baptized _____ Date _____

City _____ State _____ Zip _____

Has your child received the following sacraments:

Reconciliation (Confession)? _____ First Communion? _____ Confirmation? _____

Special Needs/Allergies/Medications (include any family situation that may affect behavior, attendance, etc.):

We have a need for Catechists, Assistants, and Substitutes. If you are interested in helping please indicate the area and grade level. Thank you!

Catechist: _____ Assistant _____ Substitute _____

Comments:

Please include additional children on back

(2)
Child's Name _____ Prefers _____ Gender ____
School Currently Attending _____ Grade _____
Date of Birth _____ Place of Birth _____
Church Where Baptized _____ Date _____
City _____ State _____ Zip _____

Has your child received the following sacraments:

Reconciliation (Confession)? _____ First Communion? _____ Confirmation? _____

Special Needs/Allergies/Medications (include any family situation that may affect behavior, attendance, etc.):

(3)
Child's Name _____ Prefers _____ Gender ____
School Currently Attending _____ Grade _____
Date of Birth _____ Place of Birth _____
Church Where Baptized _____ Date _____
City _____ State _____ Zip _____

Has your child received the following sacraments:

Reconciliation (Confession)? _____ First Communion? _____ Confirmation? _____

Special Needs/Allergies/Medications (include any family situation that may affect behavior, attendance, etc.):

(4)
Child's Name _____ Prefers _____ Gender ____
School Currently Attending _____ Grade _____
Date of Birth _____ Place of Birth _____
Church Where Baptized _____ Date _____
City _____ State _____ Zip _____

Has your child received the following sacraments:

Reconciliation (Confession)? _____ First Communion? _____ Confirmation? _____

Special Needs/Allergies/Medications (include any family situation that may affect behavior, attendance, etc.):