

**ST. PAUL HIGH SCHOOL YOUTH PROGRAM
LIFETEEN REGISTRATION FORM – 2017/2018**

Student's Name _____

Parent's Name _____

Address _____ City _____ Zip _____

Phone (H) _____ (W) _____ School _____ Grade _____

Student's date of birth _____ Parent's email _____

Fee: \$30 per child for Lifeteen	Amount Paid:
Max \$100 per family	Cash _____
	Check _____

(Maximum fee of \$100 per family, preschool thru high school. The inability to pay the fee will not prevent any child from participating in our Program.)

- I would like to give an additional donation to assist another family in the religious education of their children. Amount donated: _____

The Lifeteen class is being offered on Sunday nights from 7:00-8:15 p.m. **HIGH SCHOOL CLASSES WILL BE HELD IN THE ST. PAUL SCHOOL.**

LIFETEEN CLASSES WILL BE OFFERED FOR ALL 9TH GRADERS AND ANYONE WHO HAS ALREADY BEEN CONFIRMED. OTHERWISE, IF A STUDENT NEEDS TO BE CONFIRMED, THEY WILL NEED TO FILL OUT THE CONFIRMATION REGISTRATION PACKET. STUDENTS 10TH GRADE AND HIGHER ARE ELIGIBLE FOR CONFIRMATION CLASSES.

Activities: Please check the activities you are interested in joining.

_____ Retreats (Confirmation/Spring Retreat, Teen ACTS)	_____ Usher
_____ Youth Group – Wed. 6 – 8 p.m.	_____ Eucharist Minister (must be confirmed)
_____ Youth Choir – Sun., 5:30 p.m. Mass	_____ Lector/Commentator
_____ Altar Server	

- **Classes begin on Sunday, September 24 – see enclosed schedule.**

Completed registration forms may be mailed to: St. Paul Catholic Church
ATTN: Michelle Weekley
Parish Offices
1201 Donaldson Ave. at St. Cloud
San Antonio, Texas, 78228

Or dropped off at the Community Center during office hours – see bulletin for office hours.

**ST. PAUL RELIGIOUS EDUCATION
MEDICAL CONSENT AND PERMISSION TO TREAT**

SCHOOL YEAR 2017-2018

My child is in the care of St. Paul's Religious Education Program for the purpose of this Religious Education activity.

I am giving medical permission and consent to treat.

To the best of my knowledge, my daughter/son _____,
is in good health, and I assume all responsibility for the health of my child.

In the event of an emergency, I give permission to transport my child to a hospital for emergency treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

Parent/Guardian's Name _____

Home Address _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

If you are unable to reach me, please contact:

Name _____

Relationship to me or my child _____

Home Phone _____ Work Phone _____ Cell Phone _____

Please include a photocopy of your insurance card, front and back.

Insurance Carrier _____ Policy Number _____

My child is taking the following medication(s):

I hereby grant permission for non-prescription medication (such as cough drops, cough syrup, Tylenol, etc.) to be given to my child if necessary.

I understand that aspirin will not be given to my child without my express permission. I grant such permission ____yes ____no.

My child is allergic to the following: _____.

My child's immunizations are current and up-to-date ____yes ____no.

My child has the following limitations: _____.

Please explain: _____.

Signature of Parent/Guardian _____ Date _____

HIGH SCHOOL RELIGIOUS ED PROGRAM CALENDAR 2017/2018

<u>Sept. 24</u>	<u>FIRST NIGHT OF CLASSES – ALL CLASSES IN SESSION</u>
<u>Oct. 1</u>	NO CLASSES DUE TO PARISH FESTIVAL
<u>Oct. 8</u>	<u>ALL CLASSES IN SESSION</u>
<u>Oct. 15</u>	NO CLASSES DUE TO SCHOOL ACCREDITATION
<u>Oct. 22</u>	<u>ALL CLASSES IN SESSION</u>
<u>Oct. 29</u>	NO CLASSES IN SESSION
<u>Nov. 5</u>	<u>ALL CLASSES IN SESSION</u>
<u>Nov. 12</u>	<u>ALL CLASSES IN SESSION</u>
<u>Nov. 19</u>	<u>ALL CLASSES IN SESSION</u>
<u>Nov. 27</u>	NO CLASSES (THANKSGIVING HOLIDAY)
<u>Dec. 3</u>	<u>ALL CLASSES IN SESSION</u>
<u>Dec. 10</u>	<u>ALL CLASSES IN SESSION</u>
<u>Dec. 17</u>	NO CLASSES (CHRISTMAS HOLIDAY)
<u>Dec. 24</u>	NO CLASSES (CHRISTMAS HOLIDAY)
<u>Dec. 31</u>	NO CLASSES (NEW YEARS)
<u>Jan. 7</u>	<u>ALL CLASSES IN SESSION</u>
<u>Jan. 14</u>	NO CLASSES (MARTIN LUTHER KING, JR. HOLIDAY)
<u>Jan. 21</u>	NO CLASSES – EVENING OF ENTRUSTMENT FOR ALL CONFIRMATION CANDIDATES
<u>Jan 28</u>	<u>ALL CLASSES IN SESSION</u>
<u>Feb. 4</u>	NO CLASSES DUE TO CONFIRMATION SPRING RETREAT - May be changed
<u>Feb. 12</u>	<u>ALL CLASSES IN SESSION</u>
<u>Feb 18</u>	NO CLASSES (PRESIDENTS' DAY HOLIDAY)
<u>Feb 25</u>	<u>ALL CLASSES IN SESSION</u>
<u>Mar. 4</u>	<u>ALL CLASSES IN SESSION</u>
<u>Mar. 11</u>	NO CLASSES (SPRING BREAK)
<u>Mar. 18</u>	<u>ALL CLASSES IN SESSION</u>
<u>Mar. 25</u>	<u>ALL CLASSES IN SESSION – LAST CLASS</u>