

St. Elizabeth Ann Seton Parish

YOUTH MINISTRY INFORMATION FORM



Student Basic Information

Name: _____ [First] _____ [Middle] _____ [Last] _____ DOB: _____

Home Phone: _____ Student Cell: _____

Address: _____ Zip: _____

School Attending: _____ Grade: _____

Gender: Male Female T-Shirt Size _____ Blood Type: _____ Allergies: _____

Emergency Contact: _____ Relationship: _____
[Name & Phone number]

Special Interest or Hobbies

Do you play an instrument? _____ What do you play? _____

What extracurricular activities are you involved in? _____

Are you in any clubs/groups? _____ If so, what club/group? _____

What sports or games do you like to play? _____ Hobbies: _____

Is there any activity or event you would like SEAS to consider doing? _____

Parent Information

Mother's Name: _____ **Email:** _____

Home Phone: _____ Cell: _____ Work Phone: _____

Address: Same as above _____ Zip: _____

Father's Name: _____ **Email:** _____

Home Phone: _____ Cell: _____ Work Phone: _____

Address: Same as above _____ Zip: _____

Email or send filled out form to: kfalcone@setoncatholics.org or 240 South 6th Street, Richmond, IN - 47374

I agree to give permission for my child's photograph to be used in youth ministry/SEAS or SETON school's communication and promotion, including social media.

Parent signature: _____ Date: _____