

St. Ann's Junior High Teen Club

Membership Application

Student's Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone Number _____ Date of Birth _____

Parent's E-Mail Address: _____

Parent's cell phone # _____ Can you receive text messages? _____

Student's E-Mail Address: _____

Student's cell phone # _____ Can you receive text messages? _____

Emergency Contact (name & phone #) _____

School _____ Grade _____

Male _____ Female _____

Father's Name _____
Last First

Mother's Name _____
Last First

Are you a parishioner of St. Ann's Parish? Yes _____ No _____

Are you using this program for your Confirmation preparation (CCD)? Yes _____ No _____

IF YES, YOU MUST REGISTER YOUR CHILD THROUGH OUR RELIGIOUS EDUCATION PROGRAM

Visit <https://www.stannsyonkers.org/saint-ann-religious-education-program>

_____ I give my child permission to participate in St. Ann's Teen Club

_____ I give permission for photos that include my child to be placed on St. Ann's
webpage and/or other online sites, including St. Ann's parish bulletin.

(signature of parent/guardian)