

**ST. PAUL HIGH SCHOOL YOUTH PROGRAM
LIFETEEN REGISTRATION FORM – 2018/2019**

Student's Name _____

Parent's Name _____

Address _____ City _____ Zip _____

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

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

(must provide an email address – you are responsible for checking it weekly)

Fee: \$30 per child for Lifeteen

Amount Paid:

Max \$100 per family

Cash _____

Payable at time of registration

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 7:15-8:30 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. 6:30 – 8:30 p.m.

____ Eucharist Minister (must be confirmed)

____ Youth Choir – Sun., 5:30 p.m. Mass

____ Lector/Commentator

____ Altar Server

- **Classes begin on Sunday, September 9th – 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 2018/2019

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 _____

(put "N/A" if you don't have any insurance)

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 2018/2019

<u>Sept. 9</u>	<u>FIRST NIGHT OF CLASSES – ALL CLASSES IN SESSION</u>
<u>Sept. 16</u>	<u>ALL CLASSES IN SESSION</u>
<u>Sept. 23</u>	<u>ALL CLASSES IN SESSION</u>
<u>Sept. 30</u>	<u>ALL CLASSES IN SESSION</u>
<u>Oct. 7</u>	PARISH FESTIVAL - NO CLASSES IN SESSION
<u>Oct. 14</u>	<u>ALL CLASSES IN SESSION</u>
<u>Oct. 21</u>	<u>ALL CLASSES IN SESSION</u>
<u>Oct. 28</u>	NO CLASSES IN SESSION
<u>Nov. 4</u>	<u>ALL CLASSES IN SESSION</u>
<u>Nov. 11</u>	<u>ALL CLASSES IN SESSION</u>
<u>Nov. 18</u>	<u>ALL CLASSES IN SESSION</u>
<u>Nov. 25</u>	NO CLASSES (THANKSGIVING HOLIDAY)
<u>Dec. 2</u>	<u>ALL CLASSES IN SESSION</u>
<u>Dec. 9</u>	<u>ALL CLASSES IN SESSION</u>
<u>Dec. 16</u>	<u>ALL CLASSES IN SESSION</u>
<u>Dec. 23</u>	NO CLASSES (CHRISTMAS HOLIDAY)
<u>Dec. 30</u>	NO CLASSES (NEW YEARS)
<u>Jan. 6</u>	<u>ALL CLASSES IN SESSION</u>
<u>Jan 13</u>	<u>ALL CLASSES IN SESSION</u>
<u>Jan. 20</u>	<u>NO CLASSES</u> (Martin Luther King Day)
<u>Jan 27</u>	<u>ALL CLASSES IN SESSION</u>
<u>Feb. 3</u>	NO CLASSES DUE TO SUPER BOWL
<u>Feb. 10</u>	<u>ALL CLASSES IN SESSION</u>
<u>Feb 18</u>	NO CLASSES (PRESIDENTS' DAY HOLIDAY)
<u>Feb 24</u>	<u>ALL CLASSES IN SESSION</u>
<u>Mar.</u>	<u>ALL CLASSES IN SESSION</u>
<u>Mar. 10</u>	NO CLASSES (SPRING BREAK)
<u>Mar. 17</u>	NO CLASSES (SPRING BREAK)
<u>Mar. 24</u>	<u>ALL CLASSES IN SESSION</u>
<u>Mar. 31</u>	<u>ALL CLASSES IN SESSION</u>
<u>April. 5-7</u>	NO CLASSES IN SESSION – <u>Spring Retreat</u>
<u>April 14</u>	<u>ALL CLASSES IN SESSION</u>
<u>April 21</u>	NO CLASSES (EASTER)
<u>April 28</u>	<u>LAST CLASS FOR EVERYONE</u>