

ST. RAPHAEL'S CHURCH

THE EDGE - Junior High Youth Ministry (2009-2010)

PLEASE PRINT ALL ANSWERS IN INK - BE NEAT

Student Name:

(Last) (First) (Middle)

Home Address

(Street) (City) (Zip Code)

Phone Numbers

(Home Phone) (Father's Work Phone) (Mother's Work Phone)

(Mother's Cell Phone) (Father's Cell Phone)

Name of School Attending
In 2009-2010

GRADE:

Parents Email Address

Students Email

Father's Name

(Biological/Legal)

(Last) (First)

Mother's Name

(Biological/Legal)

(Last) (First) (Mother's Maiden Name)

Student Lives with:

(Check one)

Both Parents

Mother

Father

MEDICAL PRECAUTIONS

Allergies, Medical Conditions, Inclusion in Special Education Classes at School

DOCTOR/CARE CENTER

PHONE

PARISH WHERE REGISTERED

Any correspondence regarding this student should be addressed to

Parent's Religion:

Mother

Father

EDGE T-SHIRT SIZE

Small Medium Large X Large

Please complete the other side.