REGISTRATION FORM 2026-27

QUEST High School Formation

ST. CHRISTOPHER CATHOLIC CHURCH

SON/DAUGHTER NAME _____ Date of birth _____

MOBILE (for text reminders) _____ T-shirt size (adult) _____

SON/DAUGHTER NAME _____ Date of birth _____

MOBILE (for text reminders) _____ T-shirt size (adult) _____

SON/DAUGHTER NAME _____ Date of birth _____

MOBILE (for text reminders) _____ T-shirt size (adult) _____

PARENT(S)/GUARDIAN(S)

Mom NAME_____

MOBILE _____

EMAIL _____

BEST way to contact you QUICKLY

___Phone ___ Text

Attended Protecting God's Children AFTER 2019?
(**for all drivers, helpers, chaperones)*
YES NOT YET

Dad NAME_____

MOBILE _____

EMAIL _____

BEST way to contact you QUICKLY

___Phone ___ Text

Attended Protecting God's Children AFTER 2019?
(**for all drivers, helpers, chaperones)*
YES NOT YET

HOME Phone (if applicable) _____

HOME MAILING Address _____

_____

*Protecting God's Children Workshops (for adults) and Called to Serve Workshops (for youth under 18) are designed to raise awareness of how to protect not only your own children to potentially harmful situations, but also other children as well. Provided free-of-cost by the Archdiocese of Detroit, these excellent, practical workshops need only be attended once, but can be attended more often if desired. They are necessary for any adult or youth (under 18) who volunteer, chaperone, drive or help with youth (under 18) in any Catholic parish. Let's all do our part to keep our kids safe. To register for Protecting God's Children Workshop: www.virtus.org To register for Called To Serve Workshop: see Suzy DeVeny.

$10 Registration fee per child

Fill out BOTH SIDES please

Emergency Contact (<u>OTHER THAN A PARENT</u>)

Emergency NAME _____

Emergency PHONE NUMBER _____

Media Consent

St. Christopher Youth Ministry programs engage in various opportunities to use pictures of families, parishioners and other members of the community in the parish bulletin, social media and website, in pictures around the church & school, and in local newspapers like the Michigan Catholic. I give permission for my teen(s) (listed on reverse side) to be photographed or videotaped for educational and community relations not-for-profit use such as newsletters, parish bulletin, social media, parish website, etc.

Parent Signature: _____ Date:_____

Please list any exceptions here _____

Medical Treatment Authorization

List allergies, medications, or other pertinent comments:

_____

_____

As parent/guardian (of teens listed on reverse side), I do hereby authorize the treatment by a qualified and licensed physician of any condition which, in the opinion of the physician, is deemed necessary and appropriate. This authorization is granted only after a reasonable effort has been made to reach me.

Parent Signature: _____ Date: _____

Health Insurance Information

Company:_____ Policy:_____

Group:_____ Policy Holder:_____

I further authorize the person who presents the minor to sign the Acknowledgment of Receipt of Notice Privacy Rights that may be presented by the physician or health care facility. This authorization is completed and signed of my own free will with the sole purpose of authorizing medical treatment deemed necessary and appropriate by the treating physician.

Parent Signature: _____ Date:_____

$10 REGISTRATION FEE PER CHILD

Fill out BOTH SIDES please