

Youth Ministry Important Dates 2021-22

Please drop off or mail in your completed registration.
Registration forms and payment are due by Friday October 1st.

Saint James Church
1145 NE 1st Street
McMinnville, Oregon 97128

Mike Douglass, Director of Youth Ministry
503-472-5232 #233
mdouglass@stjamesmac.com

High School Youth Group (Grades 9-12)

7-8:30 pm Sunday Evenings in the Fireside Room beginning Sunday October 3rd

Middle School Youth Group (Grades-6-8)

7-8:30 pm Wednesday evenings beginning Wednesday October 6th.

RCIC/First Communion:

9am-12pm one Saturday a month beginning Saturday October 9th (additional dates will be given at the first class). This is for middle school students (Grades 6-8) wanting to be baptized and/or make their First Communion. Parents are expected to attend these Saturday classes with their child.

Confirmation (Grades 9-12)

3:30-6pm Classes will be the second Sunday of the month beginning Sunday October 10th.

St. James Youth Ministry
2021-22 School Year

Registration Form DUE BY: Friday, October 1st

Student's Full Name: _____

Grade _____ School _____

Emergency Phone Number: _____

Address _____ City _____

Mother's Name: _____

Father's Name: _____

How do you want us to contact you if we have important information such as a cancelled meeting? It can be by sending a message to your email or a text to your cell phone (circle one)

Cell Phone _____

E-mail _____

Please Mark off which programs you will be participating in this year:

- ___ **Middle School Youth Group** on Wednesday Nights (grades 6-8)
- ___ **RCIC**, for Middle School students needing to be Baptized and/or make their First Communion. Classes will be first Saturdays of the month beginning in October
- ___ **High School Youth Group** on Sunday Nights (grades 9-12)
- ___ **Confirmation Preparation** (grades 9-12) Classes will be second Sundays of the month beginning in October

If your child will make their First Communion or Confirmation, we will need to get a copy of their Baptism Certificate when you turn in this registration form.

If your child will be prepared for Confirmation or First Communion, what language will you want them prepared in? (circle one) English or Spanish

- **Registration Fee per student is \$100.00**
- **Amount Paid** _____ **Paid by Check** _____ **Date Paid** _____

If you would like to make monthly payments for your registration fee that can be arranged with Mike Douglass or Parish Office



CHURCH/SCHOOL EMERGENCY INFORMATION FORM FOR STUDENT/YOUTH

LOCATION INFORMATION School Church Date: _____
Name: _____ Phone: _____
Address: _____ City: _____ Zip: _____

CONTACT PERSON

Name: _____ Phone: _____ Email: _____

CHILD'S INFORMATION

Name: _____ Date of birth: _____ Grade level: _____
Address: _____ City: _____ State: _____ Zip: _____

Parent(s)/Guardian(s): _____

Person with whom child is living: _____

Person(s) to notify in case of an emergency:

Name: _____ Phone 1: _____ 2: _____

Name: _____ Phone 1: _____ 2: _____

Name: _____ Phone 1: _____ 2: _____

Family physician: _____ Phone: _____

Last tetanus immunization or booster date: _____

Allergies (food, drugs, insects, etc.): _____

Is child presently on any medications? Yes No If yes, please state below:

Name: _____ Dosage: _____ Reason for medication: _____

Prescribing physician: _____ Phone: _____

Please note any injuries, recent surgery, prolonged illness, current medication, corrective lenses, special health problem or other issues requiring special attention that would help emergency personnel to provide appropriate care for your child:

INSURANCE INFORMATION:

Name of medical insurance company: _____

Group or identification number: _____

I authorize the Church/School and its representatives to use their judgment in determining emergency care and procedures for my child. I also understand and agree that the Church/School assume no financial obligation for expenses incurred in carrying out emergency procedures and/or emergency transportation.

Parent/Guardian Signature: _____ Date: _____