

The Church of St. Peter 241 Broadway Saratoga Springs, NY 12866  
Carol Boltzer Grades 7-8 587-5182  
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Student's Full Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
Prefers to be Called \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Student's Cell # \_\_\_\_\_ Birthdate \_\_\_\_\_

School Attending \_\_\_\_\_ Grade as of Sept 2017 \_\_\_\_\_

Mother's Name \_\_\_\_\_ Mother's work # \_\_\_\_\_ cell # \_\_\_\_\_

Father's Name \_\_\_\_\_ Father's work # \_\_\_\_\_ cell# \_\_\_\_\_

Parent(s) email address \_\_\_\_\_

Student's email address \_\_\_\_\_

Has any of the above information changed since last year? Yes \_\_\_\_\_ No \_\_\_\_\_ Please check which information has changed.

Address \_\_\_\_\_ Phone: (home, cell or work) \_\_\_\_\_ School \_\_\_\_\_ Email addresses \_\_\_\_\_

If you wish for information to be sent to parents living at two separate addresses, please indicate the name, address and phone # for the second home in this space.

**REGISTRATION FEE IS DUE AT TIME OF REGISTRATION**

Please make check payable to Church of St. Peter

_____ One child	<b>\$75.00</b> (\$65.00 before June 1, 2017)
_____ Two Children	<b>\$140.00</b> (\$125.00 before June 1, 2017)
_____ Family	<b>\$160.00 (3 or more children)</b> (\$150.00 before June 1, 2017)

**FEES ARE WAIVED FOR CHILDREN OF CATECHISTS OR YOUTH MINISTERS.**

Classes are held on designated Sundays 10:10 - 11:20 AM from September to May.

(Office Use: Amt. \_\_\_\_\_ Check# \_\_\_\_\_ Cash \_\_\_ Date Received \_\_\_\_\_)

**PLEASE FILL OUT THE BACK OF THIS FORM**

For Office Use: Grade \_\_\_\_\_ Catechist \_\_\_\_\_

Does your son/daughter have any medical conditions such as allergies, ADD or ADHD, etc. or is your child on medication that we and their catechist should be made aware of?

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Please list any other information that we and your son/daughter's catechist should be made aware of.....recent divorce, death in the family, etc. \_\_\_\_\_

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As a member of the Catholic Faith Community, I realize the importance of making a serious effort to participate actively in the life of the Community of St. Peter's Catholic Church. The most important aspect of this is attending weekly Mass and Mass on Holy Days of Obligation. In recognition of the importance of my role as parent in the Faith life of my child, I pledge myself to provide a Christian example for my son/daughter as lived out in the Catholic tradition.

**Volunteers are the core of our Youth Ministry program. Will you please consider volunteering in some capacity? Our need is great.**

**Catechist** \_\_\_\_\_ or **Assistant Catechist** \_\_\_\_\_  
(regular or occasional)

Aid with technology \_\_\_\_\_

Chaperone/Driver for Trips \_\_\_\_\_

Prayer Services/Retreats \_\_\_\_\_

Peer Program Involvement \_\_\_\_\_

Share your specialty with us (once) \_\_\_\_\_ Hospitality Volunteer \_\_\_\_\_

Help with community service events: \_\_\_\_\_

Shelters of Saratoga, local soup kitchens, Mary's Haven, EOC, Operation Adopt a Soldier, Raymond Watkins Apts., Emmaus House, Rebuilding Saratoga, Regional Food Bank.

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Signature of Parent

Date

In case of an emergency, please list a phone number where you can be reached during class time \_\_\_\_\_

Roman Catholic Diocese of Albany  
**MEDICAL CONSENT, PERMISSION AND RELEASE FORM**

I, \_\_\_\_\_, the parent or legal guardian of \_\_\_\_\_ authorize the employees (Adult Youth Ministry leadership person) and chaperones (with proper diocesan credentials) of St. Peter's Parish to obtain emergency medical treatment, should it be necessary, during my teen's attendance and participation in all activities related to Youth Ministry for the school year 2017-2018 that are held on the grounds of St. Peter's Church. All other activities will require a separate permission form.

I understand that I will be notified immediately should it become necessary to obtain emergency treatment. The persons(s) who should be notified and the telephone number(s) are:

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_

I consent and give permission for my teen's participation and attendance in this activity/program. In consideration of my teen's attendance and participation, I hereby, for myself, my heirs, executors, administrators and assigns, waive and release any and all claims for damages I may have against St. Peter's Parish, The Roman Catholic Diocese of Albany, New York, their representatives, chaperones, employees, successors, and assigns arising out of any and all injuries by my teen while participation in this activity/program.

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Signature \_\_\_\_\_

As a youth of St. Peter's Parish, I understand and agree to follow the rules and regulations as determined by the St. Peter's Youth Ministry Program, and the Diocese of Albany for this activity/program. I also understand and agree that I will notify my parent or guardian at the time of any violations requiring my dismissal from the program/activity and that I will be sent home at my own and/or parent's/guardian's expense.

Parent/Guardian

Youth Participant

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Please list any allergies, including food allergies: \_\_\_\_\_

Transportation: \_\_\_\_\_

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**RELEASE AND CONSENT FORM**

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Parish \_\_\_\_\_ City \_\_\_\_\_

I, \_\_\_\_\_ (parent or legal guardian), the undersigned, give my permission for my youth to attend any and all activities related to Youth Ministry for the school year 2017-2018 that are held on the grounds of St. Peter's Church (all other activities will require a separate permission slip) and, if needed, to be evaluated, diagnosed, treated, and/or medicated in accordance with standard medical practice by licensed medical personnel. I relieve the Church of St. Peter and the Adult Youth Ministry leadership person of all responsibility and consequences that may arise as the result of this treatment. I will not hold St. Peter's parish or the Adult Youth Ministry leadership person responsible in the event of injury. Further, I agree to accept any and all financial responsibility as a result of scheduling such treatment.

My youth agrees to abide by all rules and regulations decided upon by St. Peter's parish and the Adult Youth Ministry leadership person of the event. I understand that neither St. Peter's parish nor the Adult Youth Ministry leadership person of the event will be held liable if my youth fails to cooperate with said regulations and that any infractions of the rules may result in immediate dismissal from the event. I further understand that I will be responsible for any costs or other requirements for immediate transportation home.

\_\_\_\_\_  
Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**MEDICAL INFORMATION**

Allergies? \_\_\_\_\_

Required medications (please indicate dosage, frequency, etc.) \_\_\_\_\_

Special medical conditions \_\_\_\_\_

Date of last tetanus booster \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Policy Carrier \_\_\_\_\_

Policy Number \_\_\_\_\_

In case of emergency and I can't be reached please notify:  
Relation to Youth \_\_\_\_\_ Phone \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_  
Address w/zip \_\_\_\_\_  
Phone number \_\_\_\_\_

**PLEASE FILL OUT THE BACK OF THIS FORM**

**PERMISSION FOR PHOTOGRAPH/VIDEOTAPES/FILMS  
AND TAPE RECORDINGS  
SCHOOL YEAR  
September, 2017 – May 2018**

I hereby authorize and give my consent for the taking of pictures (moving or still) of

\_\_\_\_\_

Please check which of the following your youth has permission to do:

- 1. Teaching Purposes Only \_\_\_\_\_
- 2. News Releases \_\_\_\_\_
- 3. Publications \_\_\_\_\_
- 4. Community Programs \_\_\_\_\_
- 5. Church of St. Peter Website \_\_\_\_\_

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

\_\_\_\_\_

Relationship

*This space may be used to state any restrictions you may have on the above.*