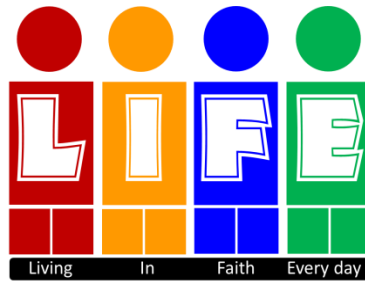


ST. VINCENT DE PAUL



Junior High Youth Group

2016-2017

Student Information

Name: _____

Address: _____

City and Zip: _____

School: _____

Grade/Grad Year: _____

E-mail Address: _____

Home Phone: _____

Allergies: _____

Date of Birth: _____

Cell Phone Number: _____

(for TXT Message Reminders)

Parent Information

Mother's Name: _____

Father's Name: _____

Address, City, and Zip: _____

E-mail Address: _____

Cell Phone Number: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Photo Release: Pictures of my child taken during the gatherings may be used in print or electronic media for the purposes of publicity (no names are ever used), unless I email the Youth Ministry Director (nespors@svdpomaha.org) and indicate that I do not consent.

Please return this form to St. Vincent de Paul, Youth Ministry Office, 14330 Eagle Run Drive, Omaha, NE 68164