

## **Instructions for registering students in the STAY program 2010-2011**

---Please fill out the attached registration form, emergency information, and photo release form and return either via e-mail ([stayouth@palaltocatholic.org](mailto:stayouth@palaltocatholic.org)); Fax—650-494-2496, drop off or put in the mail to the parish office at 3290 Middlefield Rd. Palo Alto, CA 94306, or return at the first session on September 12, 2010.

-----Please send a check in the mail or drop off at the parish office of \$100 for one student, \$200 for two students, and \$250 for three or more students, with an additional \$50 for each Confirmation Candidate to cover Confirmation program costs.

--- STAY counts on the parents to help ensure our program provides the best religious instruction for our youth. Please sign up for a volunteer task:

[http://www.palaltocatholic.org/stay/St. Thomas Aquinas Youth Ministry/Volunteer.html](http://www.palaltocatholic.org/stay/St._Thomas_Aquinas_Youth_Ministry/Volunteer.html)

Each family must volunteer in at least one of the activities. An automatic e-mail reminder will be sent shortly before your volunteer responsibility, so please remember to add your e-mail to the top of the sign-up page.

For additional information or questions, please contact:

Chris Miller, Director, Youth Ministry  
St. Thomas Aquinas Parish  
[Stayouth@palaltocatholic.org](mailto:Stayouth@palaltocatholic.org)  
408-395-7949

**St Thomas Aquinas Parish**  
**STAYouth Ministry 10-11 Registration**  
 3290 Middlefield, Palo Alto, CA 94306

Family Last Name: \_\_\_\_\_

Date: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mom/Dad Work/Cell: \_\_\_\_\_

Mother's Maiden: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Custodial Parent, if different from above: \_\_\_\_\_

Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

Both Parents Catholic? Y \_\_\_ N \_\_\_

Child	Birthdate	Sex	Grade	Session	Room	Class
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Sacrament and Date: Baptism *Catholic?* Eucharist Penance Confirmation

\_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_

Special Needs: medical, learning disabilities, physical disabilities: \_\_\_\_\_

Child	Birthdate	Sex	Grade	Session	Room	Class
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Sacrament and Date: Baptism *Catholic?* Eucharist Penance Confirmation

\_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_

Special Needs: medical, learning disabilities, physical disabilities: \_\_\_\_\_

Child	Birthdate	Sex	Grade	Session	Room	Class
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Sacrament and Date: Baptism *Catholic?* Eucharist Penance Confirmation

\_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_

Special Needs: medical, learning disabilities, physical disabilities: \_\_\_\_\_

Child	Birthdate	Sex	Grade	Session	Room	Class
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Sacrament and Date: Baptism *Catholic?* Eucharist Penance Confirmation

\_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_

Special Needs: medical, learning disabilities, physical disabilities: \_\_\_\_\_

NOTE: If any of your children were baptized outside of this parish, and you have not already supplied us with a copy of each child's baptismal record, you will need to supply a copy for our files.

Tuition due: \$ \_\_\_\_\_ Tuition Pd: \$ \_\_\_\_\_ Signature: \_\_\_\_\_

**EMERGENCY INFORMATION AND RELEASE FORM**

In the event that no one can be reached, I authorize the Youth Minister or authorized supervising adult to seek trained medical help for my child. I accept responsibility for any incurred expense.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Family Physician / Medical Group: \_\_\_\_\_ Phone # \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone \_\_\_\_\_

**Emergency Contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_

Diocese of San Jose Photograph and Video Consent

From time to time, we take pictures and video of youth ministry events and gatherings. We would like to be able to use these photographs and videos for flyers, parish and diocesan publications, and the ministry website. To do this, we need both the students' and the parents/guardians' consent. We will not use the last names of any individual whose photos or videos are posted. If there are concerns about pictures or videos posted on the website, please contact the youth ministry coordinator or webmaster, and they will promptly be removed.

I/We, that parent/guardian(s) of this youth \_\_\_\_\_, authorize and give full consent, without limitation or reservation, to **St. Thomas Aquinas Parish** to publish any photographs or videos in which the above named student and/or pictures or videos of his/her parents/guardians appears while participating in any program within **St. Thomas Aquinas** or a Diocesan sponsored event.

There will be no compensation for use of any photographs at the time of publication or in the future.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_