



2006-2007 Saint Ambrose Parish
HIGH SCHOOL YOUTH MINISTRY ROC (Rite of Confirmation) REGISTRATION

Name: _____
First Middle Last

Address: _____
Street

City State Zip Code Telephone: _____

Birth date: _____ School: _____ Age: _____ Grade: 11th 12th

Mother's Full Name _____ Maiden Name: _____

E-mail address _____

Occupation _____ Place of Employment _____ Work Phone _____

Cell Phone _____ Religion _____ What is the best way to reach you? _____

Father's Name _____ E-mail address _____

Occupation _____ Place of Employment _____ Work Phone _____

Cell Phone _____ Religion _____ What is the best way to reach you? _____

Has received Baptism: Yes No Month/Day _____

Year: _____ Church: _____

Address: _____
Street City State Zip Code

Has received First Reconciliation: Yes No Year: _____ Church: _____ City: _____ State: _____

Has received First Eucharist: Yes No Year: _____ Church: _____ City: _____

State: _____

All Confirmation Candidates who did not receive First Eucharist at Saint Ambrose are asked to submit a baptism certificate to Rebecca ASAP. We have baptism records for all who received First Eucharist at St. Ambrose, even if your baptism took place at a different location.

Sponsor _____ Confirmation Name _____
This information will be completed at a later date.

This section is to be completed by the teen.

It will be used to get better acquainted with you and the needs of our program.

E-mail address: _____ IM _____

Do you work? If so, where & job title _____

Organizations you belong to: _____

Leadership roles: _____ Community Service projects: _____

Musical talents: _____ Sports you play: _____

Hobbies: _____ Other extracurricular activities: _____

Please name one thing you want to see in Youth Ministry. _____

Please check the liturgical roles you currently serve. Please circle the roles you are interested in serving.
Server Reader Cantor Musician Usher/Greeter Minister of Holy Communion (must be Confirmed)

We are building our program to better fit your needs. Please answer the following questions pertaining to topics you want to explore.

- Praying in a personal way Deeper understanding of my Catholic faith Understanding other religions.
Deeper friendship with Christ More knowledge about the Bible Dealing with peer pressures
Have the opportunity to be a leader Receive guidance in deciding on my future plans and other important life decisions.
Be of service to others Alcohol, tobacco, and other drugs Understanding my sexuality better Morals
Please list your busiest days. Least busiest days:

Parents are asked to please complete additional registration information on the back of this form.

Teen's Name _____

Parent Section

We rely on parental involvement in order to have a successful program. We ask that you please assist Youth Ministry in at least one of the following roles, which requires minimum time. Only complete on the oldest child's form.

- Serve on the Outreach Team and help plan service projects for the teens.
- Be a chaperone/support person for events. Please specify events you are interested in assisting. _____
- Serve on the Fundraiser Team and help organize them, mainly Market Day. Create prayer services.
- Minister as a CORE Team Member for LIFE Nights, EDGE Nights or ROC Days. Assist with retreats.
- Perform clerical tasks at home Perform clerical task at parish office 1-2 hours a week, every other week
- Other (Please specify) _____

Thank you for your willingness to respond to your baptismal call and assist your child and the other youth in their faith journeys.

Do you have any limitations that we should be aware of that would restrict your participation or your child's participation in a certain area (i.e.: Work 3rd Shift, sleep during day, can't lift heavy items, chronic illness, not able to drive, cant see at night, too much demand at work, etc. _____

Please check the following programs you would be interested in possibly attending.

- Family Prayer Family Bible Study Parent-Teen Issues Time Management Nights
- Parent-Youth Family Nights Parent-Youth Evening of Reflection Parent-Youth Overnight Retreat
- Parent Only Events such as: Support Group Social Events Overnight Retreats Prayer Services
- Other _____

If you could ask for one thing from Youth Ministry or St. Ambrose as a whole to help you and your family, what would it be? _____

Youth Ministry wants to assist you as much as possible. Thank you for sharing your precious children with us.

Please list any special needs your child has that we should be aware of: _____

Describe any allergy, chronic illness or other conditions: _____

Does this teen take any medications on a regular basis? NO ___ YES ___

Please list: _____

MODEL RELEASE STATEMENT

I hereby grant permission for my child to be photographed and/or videotaped during LIFE TEEN activities and events. I understand that my child may decline to be photographed and/or videotaped at any time.

I further grant permission for the resulting photographs to be posted on the Youth Ministry's website and/or videotaped footage shown for the purpose of promoting the LIFE TEEN program at Saint Ambrose.

Teen's Name (PLEASE PRINT) _____

(TEEN SIGNATURE) _____ (DATE) _____

(PARENT SIGNATURE) _____ (DATE) _____

Please bring completed form, your parents, and a covered dish to the ROC Kick-Off on September 24th from 11:30-1:30.

We look forward to seeing ALL Confirmation candidates and parents at the Kick-Off. If you or your parents are unavailable to attend, but are planning to be confirmed this year please contact Rebecca PRIOR to the Kick-Off at rebecca@minister.com or leave a message at 644-5956 so other arrangements can be made.

As always, scholarship assistance is available. NO TEEN IS EVER TURNED AWAY FOR LACK OF FUNDS.

Registration Cost: Grades K-12 \$35.00 first child, \$30-second, \$25-third, \$10-each additional

of registered youth in family _____ Check # _____ Cash _____