

Mary Queen of Peace
Youth Ministry

Junior High High School

(Please circle one of the above)

Registration Form

Student's Name _____ Date _____

Home Phone # _____ Cell # _____

Mom's Name _____ Dad's Name _____

Work # _____ Cell# _____

Address _____

City _____ State _____ Zip _____

School _____ Grade _____ Age _____

Birthday _____

E-mail Address (Teen) _____

E-mail Address (Parent) _____

T-Shirt Size: (circle one) Childs Large Adult Small Medium Large XL

FOR PARENTS:

1. I give my permission to include mine and my child's name, info and email address in a directory. YES ___ NO ___ Signature _____
2. I give my permission for my child to receive emails from MQP youth group members and directors. YES ___ NO ___ Signature _____
3. I give my permission for my child's name and/or picture to appear in parish and/or local media, web pages, etc. YES ___ NO ___ Signature _____

