

Seton C.R.E.W. 2017-2018

Faith Formation Registration for 9th thru 12th graders



- Family Registered member of St Elizabeth Ann Seton
- Family Registered Other Parish (Name) _____

Fee: \$95.00 per TEEN - includes dinner (\$125 after August 31, 2017)

PARENT ONE _____ Cell# _____
 (Primary Contact) Last First

Email _____ Relationship to Teen _____

Home Address: _____ City _____ Zip _____ Additional Phone _____

PARENT TWO _____ Cell# _____
 (Secondary Contact) Last First

Email _____ Relationship to Teen _____

Home Address if different than above: _____ City _____ Zip _____ Additional Phone _____

AUTHORIZATION for EMERGENCY MEDICAL ATTENTION FOR CHILD(REN)

I hereby authorize my teen's participation in St. Elizabeth Ann Seton Faith Formation in Plano. I understand all reasonable precautions will be taken to keep my child safe during Seton Faith Formation activities. I will not hold St. Elizabeth Ann Seton Church, the Diocese of Dallas, members of their staff or their volunteers, responsible for accidental harm or injury that may occur during this activity. In case of an emergency during this time, I hereby consent to and authorize the giving of treatment and or medication ordered by a physician or adult for my teen's care. On occasion, video recordings, audio recordings, photographic slides, and photographs are taken of participants of church and diocesan sponsored activities. These are utilized in newsletters, websites, event promotion, and other printed media. I consent to the use of such materials in which my teen may appear. I release the staff and volunteers of the above named entities from any liability connected with the use of my picture or audio/video recording as part of any of the above or similar activities.

Print Parent Name _____ Parent Signature _____ Date _____

Additional Emergency Contact for Teen - (Other Than Parent)

Name _____ Relationship _____

Contact Phone # _____

C.R.E.W. – PARENT SUPPORT OPPORTUNITIES

Seton Youth Ministry is need of Adult "support" for C.R.E.W. There are several areas where support is needed.

If you would like to be part of the C.R.E.W. Support team, please fill in the information below.

Seton YM staff will contact you about your support offer. Thank you!!!

Volunteers must meet the requirements of the Diocesan Safe Environment Program, we will provide SE training for you.

- Resource Aide:** Help during CREW session in the office or as "Cleared" Hall Patrol - weekly
- Ministry of Munchies:** help plan, set up and clean up food for C.R.E.W. nights – weekly on a rotating schedule
- Service Projects:** Help plan and facilitate CREW Service Opportunities – Once a month

Name: _____ Talent or Gift to share: _____



Questions: contact the Seton Youth Ministry Office at 972-596-5505

9th ~12th grade Session Time: Sunday 6:15~7:45pm (Younger children have a separate registration process/fee)

Teen Last Name First Name Middle Name Date of Birth Sex: M/F

Grade-Fall of 2017 School Friend Request Name (One)-

Check correct box: Baptized Catholic Not Baptized Baptized Other Faith tradition

Check if received: Eucharist (1st Communion) Confirmation

Previous Faith Formation: None Catholic School Parish Program Last Grade Level & Year of Faith Formation:

Text & Email reminders may be sent to my teen on their cell phone at:

Youth E-Mail Youth Cell Number

The email addresses and cell numbers listed may be used for communication with myself and/or my son/daughter regarding Seton YM/CREW activities

Does this teen have any medical conditions, physical disabilities or learning differences? Please disclose:

Teen Last Name First Name Middle Name Date of Birth Sex: M/F

Grade-Fall of 2017 School Friend Request Name (One)-

Check correct box: Baptized Catholic Not Baptized Baptized Other Faith tradition

Check if received: Eucharist (1st Communion) Confirmation

Previous Faith Formation: None Catholic School Parish Program Last Grade Level & Year of Faith Formation:

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Does this teen have any medical conditions, physical disabilities or learning differences? Please disclose: