

FOR OFFICIAL USE ONLY

Reg. Fee: \$ _____

Paid: \$ _____

Cash: _____ Ck#: _____

Please return registration forms to
SAN FRANCISCO DE ASIS PARISH
2257 E. Cedar Ave. Flagstaff, AZ 86004
NO LATER THAN September 2, 2011



REGISTRATION

**EDGE serves middle school youth (grades 6-8) and
meets Monday nights from 6:30-8:00pm September through May
2011-2012 REGISTRATION FEE: \$45 per child/\$75 per family (\$55/\$85 after Sept. 12)**

Student Name: _____ **Home Phone:** _____

Parent/Guardian: _____ Relation to Child: _____

Day Phone: _____ Evening Phone: _____ Cell Phone: _____

Parent/Guardian: _____ Relation to Child: _____

Day Phone: _____ Evening Phone: _____ Cell Phone: _____

***E-Mail:** _____ ***EMAIL WILL BE USED REGULARLY TO COMMUNICATE WITH FAMILIES**

Street Address: _____

Student Name: _____ **Grade:** _____ **Sex:** Male / Female **Birth Date:** _____

ADULT t-shirt size (circle one): Small Medium Large X Large **School:** _____

Need Baptism, Confirmation, First Eucharist? Yes / No **Would you like to be enrolled in RCIY (sacramental preparation this year?)** Yes / No

Student Name: _____ **Grade:** _____ **Sex:** Male / Female **Birth Date:** _____

ADULT t-shirt size (circle one): Small Medium Large X Large **School:** _____

Need Baptism, Confirmation, First Eucharist? Yes / No **Would you like to be enrolled in RCIY (sacramental preparation) this school year?** Yes / No

Please describe ALL medical, behavioral, learning or custody issues below:

EMERGENCY CONTACT INFORMATION - If both adults listed above are unavailable, please contact:

Name: _____ **Relation to Child(ren):** _____

Day Phone: _____ Evening Phone: _____ Cell Phone: _____

Parent Volunteer Opportunities (please circle):

Edge Core Member, donate to Edge scholarships, service, snack set up, misc. help

I understand that all payments are non-refundable. Further, I give permission to have photos taken of my child(ren) for parish use.

Parent Signature: _____ **Date:** _____