LIFE TEEN
Leading Teens Closer to Christ
www.LifeTeen.com

St. Joseph Catholic Church

210 W. Lemon Street
Lakeland, Fl 33815
Telephone: 863-682-0555 Fax: 863-686-9546

Date _____

Family Name: _____ **Envelope #:** _____

Student Name:: _____
Last First Middle Preferred

Date of Birth: _____ _____Male _____Female
Month/ Day/Year

School Student Attends _____ Current Grade _____

Please Check One ____New Student ____Returning Student

Emergency Phone # _____ Name & Relationship to student _____

Health Concerns/Special Needs: _____

Mailing Address: _____
Street City Zip Code

Phone: _____ Email address: _____ _____

Best way to contact parent: Phone call Text Email

Father's Full Name: _____ Religion _____

Address (if different from above) _____
Street City/State Zip Code

Phone (if different from above) _____ Cell _____

Mother's Full Name: _____ Religion _____

Address (if different from above) _____
Street City/State Zip Code

Phone (if different from above) _____ Cell _____

Sacraments Received: Circle	**Baptism Y / N**	**First Communion Y / N**	**Reconciliation Y / N**	**Confirmation Y / N**

Parent/Guardian Consent: I give my consent for my child to participate in St. Joseph Youth Ministry program.

Parent Signature: _____

Date: _____