

North American Martyrs

GodTeens Program

Registration Information

Please fill out this form and return it to the Youth Minister ASAP.

Name: _____

School: _____ Grade: _____

Birth Date: _____

Parents: _____

Mailing Address: _____

Teen Cell Phone: _____

Parent Phone Number(s): _____

Teen Email: _____

Parent Email(s): _____

Are there any physical or medical conditions, allergies, learning or behavioral disorders the Youth Minister and Godparent leaders should be aware of?

Student Statement:

I, the undersigned, do hereby express my intent to be involved in the Godteens Program for North American Martyrs Parish. My Catholic faith is an important part of my life and I want to foster a deeper faith. I agree to participate actively and fully with the program, and I will respect any guidelines the youth minister and my godparent couple set forth.

Student Signature: _____ **Date:** _____

Parental Statement:

I/We, the undersigned, will assist our child in attending the scheduled Godparent meetings and support him/her in the activities of the program.

Parent Signature(s): _____