

FOR OFFICIAL USE ONLY

PARISH ID # _____

Fees: \$ _____

Paid: \$ _____

Cash: _____ Ck#: _____

PLEASE RETURN REGISTRATION FORMS ASAP

(WITH PAYMENT OR PAYMENT PLAN ATTACHED)

TO ST. TIMOTHY CATHOLIC COMMUNITY

1730 W. Guadalupe Rd. Mesa, AZ 85202

EDGE Nights begin Monday, September 21, 2009



REGISTRATION

EDGE serves youth in 6th, 7th and 8th grades.

REGISTRATION FEE: \$90 PER CHILD (ONLY \$10 per month August-April)

SOME PARTIAL SCHOLARSHIPS ARE AVAILABLE UPON WRITTEN REQUEST AND BASED ON NEED.

ST. TIMOTHY CATHOLIC COMMUNITY - 2009/2010 School Year

PLEASE PRINT CLEARLY. INFORMATION IS FOR THIS HOUSEHOLD ONLY.

Family Last Name: _____ **Home Phone:** _____

Adult in this Household: _____ Relation to Child: _____

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

Adult in this Household: _____ Relation to Child: _____

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

E-Mail*** _____ *****REQUIRED: EMAIL IS OUR MAIN COMMUNICATION WITH FAMILIES REGISTERED IN THE EDGE MINISTRY.**

Address: _____
Street _____
Address: _____

THE EDGE is offered Monday evenings from 6:30-8:00pm.

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

Was this child enrolled in religion classes last year: Yes / No If Yes, please provide name and city of parish: _____

Has your child received Baptism, Confirmation & First Eucharist? Yes / No If not, would you like information on Sacramental preparation for this school year? Yes / No

Are you interested in a Middle School Bible Study that will meet 6-6:30pm on Mondays before EDGE? Yes / No

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

Was this child enrolled in religion classes last year: Yes / No If Yes, please provide name and city of parish: _____

Has your child received Baptism, Confirmation & First Eucharist? Yes / No If not, would you like information on Sacramental preparation for this school year? Yes / No

Are you interested in a Middle School Bible Study that will meet 6-6:30pm on Mondays before EDGE? Yes / No

PLEASE DESCRIBE ALL MEDICAL, BEHAVIORAL, LEARNING OR CUSTODY SITUATIONS BELOW:

EMERGENCY CONTACT INFORMATION If both adults listed above are unavailable, please contact: (Other than listed above.)
Name: _____ **Relation to Child(ren):** _____

Day Phone: _____ Eve Phone: _____ Cell Phone: _____

PARENT VOLUNTEER OPPORTUNITIES:

_____ **EDGE Core Member:** *Call the EDGE Office for details! (480) 775-5221*

_____ **Phone Calling:** *Make phone calls from home as needed.*

_____ **Prayer Partner:** *Prays for a group of youth by name weekly.*

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

Parent Signature: _____ **Date:** _____