

Youth Program Registration | St. Paul Catholic Church
1201 Satre St. | Eugene, OR | 97401 | 541.686.2345 | Fax 541.686.0037
Web www.saintpaulparish.com | Email community@saintpaulparish.com



TENTATIVE Schedule: Religious Education, Grades K-5, two Sundays/month, 9:00-10:15 am
Youth Group, Grades 6-12, meets two Sundays/month, 6:00-7:30 pm

Faith Formation:

October 8, 22, 29
November 12, 19
December 3, 17
January 14, 28
February 4, 11
March 4, 18
April 8, 22
May 6, 20

Youth Group:

October 8, 22
November 12, 19
December 10, 17
January 7, 28
February 11, 25
March 11, 18
April 8, 22
May 6, 20

Fees: Suggested donation, \$35/child or \$50/family to cover materials
If you cannot afford this amount, please sign up anyway—faith formation
and youth group are available to all parish youth.

Parent(s): _____

Address: _____

Phone | Home: _____ Cell: _____ Other: _____

Email: _____ (Email is our primary communication method.)

Is your family registered at St. Paul? Yes No

Child's/Children's Information

Name: _____ Grade: _____

Birthday (month, date, year): _____

Food allergies or special needs: _____

Name: _____ Grade: _____

Birthday (month, date, year): _____

Food allergies or special needs: _____

Name: _____ Grade: _____

Birthday (month, date, year): _____

Food allergies or special needs: _____

Name: _____ Grade: _____

Birthday (month, date, year): _____

Food allergies or special needs: _____

(Please complete the information on the reverse side as well.)

Emergency Information

In case of illness, accident, or emergency to the student(s) listed on this form, the Archdiocese and its representatives are authorized as indicated below (please complete and prioritize each item in the order of desired action you wish us to take):

Contact (name and phone): _____

Contact family physician (name and phone): _____

Take student to nearest hospital

Medical Insurance Company: _____ ID or Group #: _____

I authorize the Archdiocese of Portland and its representatives to use their judgment in determining emergency procedures and care for my child. I also understand that the Archdiocese assumes no financial obligation for expenses incurred in carrying out emergency procedures and/or emergency transportation.

Parent Signature: _____ Date: _____