

OUR LADY HELP OF CHRISTIANS PARISH 2011-2012
JUNIOR HIGH R.A.P.

Child's Name: _____ PHONE: _____
Address: _____ CITY: _____ ZIP: _____
E-MAIL: _____ CELL : _____
SCHOOL: _____ GRADE: _____

Parents name and address (if different than above) Cell number and emails help!

Mother: _____ Phone: _____
Address: _____ Cell: _____
Email: _____

Father: _____ Phone: _____
Address: _____ Cell: _____
Email: _____

Another Emergency contact (name, phone, relation to student) :

Sacraments that child has received (check)

_____ Baptism - at OLHC ___ yes ___ no _____ Eucharist
_____ Reconciliation _____ Confirmation

*If you were not baptized at our parish, please send a copy of your baptismal certificate if we do not yet have that on file. **

The following information will be kept on file throughout the 2010-2011 year and refereed to for all youth activities. Please notify the parish youth office of any changes that may occur (330-722-1180)

Health Insurance Carrier: _____
Name of Policy Holder: _____
Identification Number: _____ Group #: _____
My Child's birth date: _____

The following allergies, especially food allergies my child may have, and medication my child may be taking, and other facts to which a physician or dentist should be alerted: _____

Parent Involvement: Much adult help is needed. What are your time, talents, and treasures, care to share those with the Junior High Program? Please check the following areas that you would like to serve. Time commitments vary. More help makes little work for all!!!

_____ I can help as an aid for the main facilitator on _____ (date of classes/es). I understand that I'll assist the 7-8th graders with scripture search, faith sharing, and various activities pertaining to the scheduled topic. Time 1 $\frac{1}{2}$ hours.

_____ I can provide a snack for the students on these sessions _____.

_____ I am limited with my time, but I am able to send in supplies When needed or donate \$\$ (check payable to Our LADY HELP OF CHRISTIANS). Supply list will be sent home with your Child.

_____ I am available to drive the 7-8 graders to various activities And to act as a chaperone # of seatbelts _____

_____ I am available to help plan activities outside of the TNT. Sessions (ex. Christmas party, service days, social activities, Diocesan activities, retreat days, etc.)

Note: Various roles and time commitments are available. Specific details available closer to the activity. Adults working with young people more than four hours a month are required to complete the Virtus training and fingerprinting.

THANK YOU IN ADVANCE FOR YOUR CONTINUED SUPPORT!

Parent Name: _____ EMAIL: _____
Phone: _____