



**ST. MARIA GORETTI PARISH  
HATFIELD, PENNSYLVANIA**



**Children's Youth Ministry  
REGISTRATION FORM**

**WITH THIS INFORMATION, WE WILL SEND YOU AN INVITATION TO ALL OF THE  
FAMILY FAITH FORMATION OPPORTUNITIES!**

You are not obligated to participate in any activities but you are welcome at any time.

**Parent/ Guardian Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Parent/ Guardian Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Schools:** \_\_\_\_\_ **E-mail** \_\_\_\_\_

Child Name \_\_\_\_\_ Age: \_\_\_\_ Gender: \_\_\_\_ Child Name \_\_\_\_\_ Age: \_\_\_\_ Gender: \_\_\_\_

Child Name \_\_\_\_\_ Age: \_\_\_\_ Gender: \_\_\_\_ Child Name \_\_\_\_\_ Age: \_\_\_\_ Gender: \_\_\_\_

Child Name \_\_\_\_\_ Age: \_\_\_\_ Gender: \_\_\_\_ Child Name \_\_\_\_\_ Age: \_\_\_\_ Gender: \_\_\_\_

Child Name \_\_\_\_\_ Age: \_\_\_\_ Gender: \_\_\_\_ Child Name \_\_\_\_\_ Age: \_\_\_\_ Gender: \_\_\_\_

Please list any conditions, e.g. allergies, or other medical problems for family member participants.

\_\_\_\_\_

I grant my permission for my child / children to participate in Children's Youth Ministry at St. Maria Goretti Parish, 1601 Derstine Rd., Hatfield, PA 19440. In case of injury, I will not hold St. Maria Goretti Parish, the Archdiocese of Philadelphia or any person or persons connected with them liable. My signature below also gives my permission to use pictures / video from the event in which my child may appear for promotions.

Parent/Guardian Name (PRINT) \_\_\_\_\_

SIGNED: \_\_\_\_\_

*(Parent or Guardian)*

**Please send completed form to:**  
Maria Richardson, Family Faith Formation Director  
St. Maria Goretti Parish 1601 Derstine Rd., Hatfield, PA 19440  
Phone: 215-721-0199 EXT 217 Fax: 215-721-4320

