



# ELEMENTARY and JR HIGH YOUTH MINISTRY GRADES K - 8TH

All Sacrament Preparation 7 years -18 years

PHONE (480) 838-3479

Email: [ymeyer@holyspirit-tempe-az.org](mailto:ymeyer@holyspirit-tempe-az.org)

*(Circle One)*

Catechesis of the Good Shepherd (3-6) Monday 4:30-5:30 p.m. or  
1<sup>st</sup>, 2<sup>nd</sup>, 4<sup>th</sup>, 5<sup>th</sup>, Graders Monday 4:30-5:30 p.m. or  
3<sup>rd</sup> - 5<sup>th</sup> Sacrament Prep Monday 4:30-5:30 p.m. or 6:00-7:00 p.m. or  
6<sup>th</sup>-High School Sacrament Prep Monday 6:00-7:00 p.m.  
Young Apostles Grades 6<sup>th</sup>-8<sup>th</sup> Monday 6:00-7:00 p.m.

Tuesday 5:00-6:00 p.m.  
Tuesday 5:00-6:00 p.m.  
Tuesday 5:00-6:00 p.m.

**Sacrament Preparation:**

*First Reconciliation-7 years -17 years*

*Confirmation/First Eucharist 8 years -17 years*

*Confirmation only- 9 years -17 years*

*Baptism, Confirmation and 1st Eucharist (Rite of Christian Initiation of Children & Teens) 7 years -17 years*

Students receiving sacraments must bring a copy of birth and baptismal certificate.

Students receiving baptism and/or full initiation ( 7 years-17 years) bring a copy of birth certificate and if baptized in other Christian church, a copy of the baptismal certificate.

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**TNTT Thieu Nhi Thamh The (Vietnamese Eucharistic Youth Movement)**

PHONE 480-838-3479 Email: [ymeyer@holyspirit-tempe-az.org](mailto:ymeyer@holyspirit-tempe-az.org)

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**HIGH SCHOOL GRADES 9th -12th**

**meet MONDAY evenings from 6:30 - 8:00 p.m.**

PHONE (480) 838-3479 Email: [bprice@holyspirit-tempe-az.org](mailto:bprice@holyspirit-tempe-az.org)

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**Medical Conditions and or Allergies** Please list any medical conditions or special considerations we should know for your child. Please also list any medications that need to be administered during the program. If you have more than one child, please indicate which child has the medical conditions.

<b>Child's Name</b>	<b>Allergy</b>	<b>Medical Condition</b>	<b>Prescription Provided</b>
1. _____			
2. _____			
3. _____			
4. _____			

\_\_\_\_\_ **Medical Treatment** I request that the above named child/children be allowed to participate in the Religious Formation classes at Holy Spirit Catholic Church. In the event of an illness, I request that the designated volunteer or staff member obtain medical treatment on my behalf for my child if we, or the emergency contact person, cannot be reached. Prescription medication will be given in its original container with dosage information on it. I understand reasonable precautions will be taken to safeguard the health and well-being of my child and that I will be contacted immediately in case of emergency or accident. I will not hold Holy Spirit Catholic Church, the Diocese of Phoenix, the chaperones, coaches, volunteers or the Youth Minister responsible for any accident or injury. I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend Holy Spirit Catholic Church, its officers, directors, employees and agents and the Diocese of Phoenix, its employees and agents, chaperons, or representatives associated with the program, from any claim arising from or in connection with my child attending the program or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith and I agree to compensate the parish, its officers, directors and agents and the Diocese of Phoenix, its employees and agents and chaperons, or representative associated with the program for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from negligence of the parish/diocese.

\_\_\_\_\_ **Photographic and Interview Release** I authorized that appropriate pictures of my child may be taken during youth group sessions and activities. I hereby grant the use of the release to the Catholic Diocese of Phoenix and Holy Spirit Catholic Church the use of my child's name or likeness, whether in still, motion pictures, audio and video tape, my child's photograph and/or other reproduction of him/her including his/her voice and features with or without his/her name for any promotional purposes involving the diocese or parish/school, news or feature stories in The Catholic Sun or other media, including the internet and/or world wide web, or other purpose whatsoever, except for the endorsement of any commercial products. These items may be used without limitation or reservation of any fee.

**CHILD PICK-UP AUTHORIZATION FORM**

**Child's Name:** \_\_\_\_\_  
**Main pick-up person:** \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Additional persons who may pick up child/children on a less frequent basis:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Person(s) NOT authorized to pick up my child/children:**

Note: Any person unfamiliar to me will be required to show proof of identification. Under NO circumstances will the child be released to anyone other than those listed above without WRITTEN permission from the parent.

Mother's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
and / or  
Father's Signature: \_\_\_\_\_ Date: \_\_\_\_\_