



# ST. MICHAEL GODTEEN REGISTRATION FORM

The Godteen program consists of small faith-sharing groups that give teens an opportunity to grow and learn about their Catholic faith through discussion, service, spiritual growth activities and social gatherings. These groups are formed according to grade level and meet on Sunday or Wednesday evenings from August through May. Godteen groups meet in a fun and comfortable environment—at the homes of their Adult Mentors. Each Godteen group will participate in service projects throughout the year and also be invited to prayer services and social gatherings for all the teens of St. Michael parish.

## STUDENT INFORMATION

(Print clearly) Please fill in the information completely.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

\_\_\_ Male \_\_\_ Female DOB: \_\_\_/\_\_\_/\_\_\_ Grade this Fall: \_\_\_

Name of High School: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Permission to Text Message: \_\_\_ Yes \_\_\_ No

Email Address: \_\_\_\_\_

## PARENT INFORMATION

Father's Name: \_\_\_\_\_

Work / Cell #: \_\_\_\_\_ Home#: \_\_\_\_\_

Email Address: \_\_\_\_\_

The best way to contact me: Home Phone: \_\_\_ Cell: \_\_\_ Text: \_\_\_ Email: \_\_\_ Other: \_\_\_  
\_\_\_ I am interested in volunteer opportunities.

Mother's Name: \_\_\_\_\_

Work / Cell #: \_\_\_\_\_ Home#: \_\_\_\_\_

Email Address: \_\_\_\_\_

The best way to contact me: Home Phone: \_\_\_ Cell: \_\_\_ Text: \_\_\_ Email: \_\_\_ Other: \_\_\_  
\_\_\_ I am interested in volunteer opportunities.