

LIFETEEN Registration

Name _____

Age _____

Grade _____ School _____

Adress _____

Cell Phone# _____ Do You Text _____

Are you in need of the Sacraments of Baptism, Eucharist, Reconciliation, or Confirmation?

If so, list _____

Father _____ Phone # where I can
be reached _____

Mother _____ Phone # where I can
be reached _____

Emergency Contact Name _____
Phone _____

Please add any medical information concerning medication, allergies, and dietary restrictions