

Please fill out both sides of the form and return to Cassandra or the Parish Office



2024/2025 EDGE Registration Form (Students in Grades 5-8)
St. John the Evangelist Church,
903 Giffard Street. Whitby, ON

**Kick-Off: Thursday, October 10th; 7:00 -8:30 pm; St. Joseph's Room
(continues every 2nd and 4th Thursday until June)**

Youth's Name: _____
Grade (Fall 2024): _____ School: _____ Male/Female _____
Birth Date (DD/MM/YYYY): _____ T-Shirt Size (Adult): _____

PARENT INFORMATION

Mother's Name: _____ Mother's Cell #: _____

Mother's Address: _____

Father's Name: _____ Father's Cell #: _____

Father's Address (if different from mother's): _____

EMAIL ADDRESS: _____

(Please print clearly as this will be the primary point of communication)

EMERGENCY CONTACT: *Person who can be contacted to pick up child*

Name: _____ Relationship: _____ Telephone: _____

ALLERGIES/MEDICAL CONDITIONS: _____

LEARNING ACCOMODATIONS: _____

REGISTRATION FEE: \$50 first child, additional siblings \$40 each.

Payable by cash or cheque (addressed to St. John the Evangelist Church). Fee includes snacks, activity materials & lessons. If you have concerns about the fee, please contact Cassandra or Fr. Francisco. No youth is ever turned away for lack of funds.

OFFICE USE ONLY
Amount Paid _____ Cheque/Cash
Date of Registration _____

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PARENT/GUARDIAN CONSENTS:

RELEASE

I understand that reasonable precaution will be taken to safeguard the health and safety of the participant and the designated emergency contact person will be notified as soon as possible in case of emergency. In the event of any sickness or accident persons will not hold **St. John the Evangelist Church**, the **Archdiocese of Toronto**, any volunteer, chaperone or driver responsible.

PERMISSION

In signing this, I am granting my child permission to participate in the EDGE program at St. John the Evangelist Church.

PHOTOGRAPHY

I understand that photographs of my child may be used in future youth ministry promotions in parish publications or on the parish website.

PICK-UP

I understand that I/whomever is responsible will be expected to pick up my child at the end of each EDGE night.

INFORMATION

I consent to having St. John the Evangelist Church collect personal information that may include identification information, parent/guardian contact information, emergency contact information, and any similar information required for registration. (All information is kept strictly confidential)

Signature of Parent/Guardian: _____ Date: _____

If you have any questions, please contact Cassandra Hamilton (youth minister) at cass.sullivan@archtoronto.org or 905-688-3676 x 223. Thank you!