

St. Agnes Catholic Church, 106 South Duke Street, PO Box 1603, Shepherdstown, WV 25443-1603 Telephone 304-876-6436

Family Last Name _____ **Primary Telephone** _____

Address

Street City State Zip

Primary Email _____

Registration for CFF (Continuing Faith Formation) for Teens

If any of your children were baptized outside of St. Agnes Parish, please provide his/her original sacrament certificates for Baptism and/or Confirmation at registration.

Father's or guardian's name & cell phone _____ Mother's or guardian's name & cell phone _____

Emergency Contact

Name Relationship Phone(s)

Custodial Parent (if different from above) _____ **Send CFF Emails to Primary email AND Secondary email (provide here)**

Grade in Sept	Child's First Name	Nickname	Birth Date	Medical, learning or physical disability:	Photo Permission Please circle
					Yes No Limited (explain on back)
					Yes No Limited (explain on back)
					Yes No Limited (explain on back)
					Yes No Limited (explain on back)

I'll Volunteer for: Chaperone Youth Projects Youth Activities/Socials Soup Kitchen/ meals Garden Project Other / (List)

Youth email: _____ *

* Parents will always be copied on emails sent to youth.