



St. Rita Parish

309 E. Maple Street
Holly, MI 48442

Rectory Office
(248) 634-4841

Learning Center
Religious Formation
(248) 634-1658

St. Rita Catholic Church

High School Youth Ministry Registration Form

Hello St. Rita Families!

Whether you have been in the program before, gone through Confirmation at St. Rita in the past or have a teen who will be receiving the Sacrament of Confirmation this year, our High School Youth Ministry Program will be kicking off again this fall and is a great way for your teen to continue their Spiritual Journey in the Catholic Church. Our faith program includes service events, fun outings and helps create friendships both inside and outside the Church building and is open to ALL High School Teens.

Youth Ministry typically meets on Sunday afternoons at the Church unless we have a special event planned. **Watch the bulletin and emails for our Youth Ministry Kick-Off in October.**

Our teens are the future of the Church! I pray we can connect them in their faith! Please reach out to me if you have any questions at stritchollyre@gmail.com

God Bless,
Jennie Marcinkoski
Youth Minister

Teen name _____ Grade _____

Mom name _____ Mom phone number _____

Dad name _____ Dad phone number _____

Teen phone number _____ Teen E-mail _____

Parent email _____

Address _____

Registered Parishoner of _____ Parish

- Parents and Youth will receive email reminders of youth events/service opportunities/news. Please provide both parent and teen contact email

MEDICAL TREATMENT AUTHORIZATION FORM

To Whom It May Concern:

As parent/guardian, I do hereby authorize the treatment of a qualified and licensed physician of any condition which, in the opinion of the physician, is deemed necessary and appropriate. This authority is granted only after a reasonable effort has been made to reach me.

Student's Name: _____ Relationship to you: _____

Address: _____ Phone: _____

Type of activity or school year for which release is intended: 2023-2024 Catechism year

PARENTS/LEGAL GUARDIANS

Father _____ Address _____ Phone _____

Mother _____ Address _____ Phone _____

Where parents can be reached when not at home:

Father: _____ Address _____ Phone _____

Mother: _____ Address _____ Phone _____

Family Physician: _____ Phone: _____

Physician Address: _____ City: _____

List allergies, medication, contract, or other pertinent comments:

Health Insurance Data:

Company: _____ Policy: _____

Group: _____ Contract: _____

List a neighbor or close relative who will assume care of your child if you cannot be reached.

Name: _____ Phone: _____

Address: _____ Relationship: _____

I further authorize the person who presents the minor to sign the Acknowledgment of Receipt of Notice Privacy Rights that may be presented by the physician or health care facility.

This authorization is completed and signed of my own free will with the sole purpose of authorizing medical treatment deemed necessary and appropriate by the treating physician.

Date: _____ Signed: _____

(Parent or Guardian)