

ST. RAPHAEL YOUTH MINISTRY

I understand that as the parent/guardian of:

Name: _____

I am the primary religious educator of my child.

I understand the concept of St. Raphael's High School Youth Ministry and the focus of the program.

I understand that my teen must fulfill the requirements of Confirmation as listed in the Youth Ministry Brochure.

I agree to comply with the rules and requirements of the Youth Ministry program as contained in the brochure, board policy sheet, and announced by the Director of Youth Ministry from time to time.

Signature of Parent or Guardian

Date of signature

PLEASE **PRINT** THE FIRST AND LAST NAMES OF THE TEEN'S PARENTS