



Saint Cecilia Parish

BAINBRIDGE ISLAND

Youthies Registration

Name of Child _____
First Middle Last Date of Birth

Name of Child _____
First Middle Last Date of Birth

School Attending: _____

Family is registered at St. Cecilia Parish: Yes No

Father's Name : _____

Mother's Name _____

Home Address _____

Preferred Phone/Email for communication with parents:

Primary Contact

Mother's Phone _____ Email Address _____

Father's Phone _____ Email Address _____

Questions? Mary Feeney
Youth Group Coordinator
stceciilyouthies@gmail.com