



ARCHDIOCESE OF PHILADELPHIA

Consent Form for Electronic Communication with Minors

Permission of the parent or guardian must be obtained, in writing, in order for an adult leader to communicate with minors via telephone, cell phone, text messaging, e-mail, social networks, or other electronic means.

Parish: NATIVITY OF OUR LORD

Parish Organization: TEEN MINISTRY

Name of Participant: _____

Address: _____

City/Town, State and Zip Code: _____

Home Phone: _____ Parent/guardian cell phone: _____

Parent/guardian E-mail: _____

Please note: By providing the email address and cell phone number of a minor, the parent or guardian grants permission for electronic communication from the group leader to this young person in regards to all group related activities.

Optional information:

Participant's e-mail: _____

Participant's cell phone: _____

Sharing of a minor's contact information: (If the following statement is not checked, the information will not be shared.)

I give my permission for my child's email and cell phone number to be shared with other minors and adult leaders who are associated with the activity of this parish organization.

Name of Parent or Guardian _____
(please print)

Signature of Parent or Guardian _____

Date: _____

I give my permission for my child's picture, with name, to be posted on a website or social network page associated with this parish organization.

Nativity of Our Lord Teen Ministry

Youth Participant's Full Name: _____ Date of Membership: ___/___/20___

Date of Birth: ___/___/19___ Sex: _____ Home Phone: _____ Email: _____

Address: _____

School: _____ Grade: _____

Is the family registered at the parish? ___ Yes ___ No (If not, please contact the parish office for a registration packet)

Father's / Guardian's full name: _____

Work phone: _____ Cell phone: _____ Email: _____

Mother's / Guardian's full name: _____

Work phone: _____ Cell phone: _____ Email: _____

Parents Marital Status:

___ Married ___ Single ___ Separated ___ Divorced ___ Remarried

Teen lives with:

___ Parents ___ Father ___ Mother ___ Guardian ___ Other

Emergency Contact

Name #1: _____ Phone: _____ Relationship: _____

Name #2: _____ Phone: _____ Relationship: _____

Teen has received the sacraments of: ___ Baptism ___ Holy Eucharist ___ Confirmation

Teen has permission to drive (if licensed) to offsite youth events. ___ Yes ___ No

Parents/Guardians:

Would you be willing to volunteer with our youth program? ___ Yes ___ No

Name: _____ Phone: _____

Please indicate any specific concerns that our Youth Ministry Team should be aware of for your teen. Academic, Physical, Behavior, etc...

Please list on back of form anything you would like to participate in and any special interests or activities you are currently performing. eg. sports, job, school activities and your time commitment to them