

Date: \_\_\_\_\_

ST MALACHY MIDDLE SCHOOL YOUTH MINISTRY

# FROG

Fully Rely On God!

Child's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Birthday: \_\_\_\_\_

Grade & School: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_

Parent Phone Number: \_\_\_\_\_

Parent email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

I have filled out a **Medical Treatment Release Form** for my child YES / NO

I give St. Malachy Church my consent for my child to be photographed/posted YES / NO

Please email this form to [frog@stmalachychurch.org](mailto:frog@stmalachychurch.org) or turn into leader Rachel Nicholson

**Get updates and meeting reminders by texting MALACHYFROG to 84576**