

**SS. Peter & Paul Catholic Church, 322 Seventh St., Boonville, Mo. 65233**

**High School Small Group Registration Form**

We meet Wednesdays from 6-7:30 p.m.

**Contact: Theresa Krebs, DRE, 660-882-6468 or [ssppdre@socket.net](mailto:ssppdre@socket.net)**

|  |                   |     |  |  |
|--|-------------------|-----|--|--|
| Date   |                   |     | Are you registered in the Parish?            |  |
| Student's Name                                     |                   |     | ___ Yes ___ No                               |  |
| Street Address                                     |                   |     | Are you available to help with small groups? |  |
| City   | State             | Zip | ___ Yes ___ No                               |  |
| Mother's Name                                      | Father's Name     |     | If so, how can you help?                     |  |
| Mother's Religion                                  | Father's Religion |     | ___ Small Group Leader for the day           |  |
| Mother's Cell                                      | Father's Cell     |     | ___ Craft Prep                               |  |
| Mother's Email                                     | Father's Email    |     | ___ Special Project Helper                   |  |
| Parents  |                   |     | ___ Help with small group Masses             |  |
| ___ Married ___ Separated ___ Divorced             |                   |     | ___ Other, please specify: _____             |  |
| ___ Single ___ Mother Deceased ___ Father Deceased |                   |     | _____  |  |
|  |                   |     | Parents are always welcome to join us!       |  |

**Please make sure your email address is correct! This is our primary method of communication.**

We will also use the GroupMe app for communication.

Does your child have any special needs, learning factors, or medical conditions that our group leaders should be aware of? Please explain: \_\_\_\_\_

|   |                          |
|---|--------------------------|
| <b>EMERGENCY CONTACT INFORMATION</b>  |                          |
| If there is an emergency with your child, we will first attempt to contact you on your cell phone. Please provide an alternate contact in case you cannot be reached: |                          |
| Emergency Contact   | Phone                    |
| Relationship to Your Child  | Hospital Preference?     |
| Child's Physician   | Physician's Phone Number |
| List Any Allergies:   |                          |

Please note any other important information that we should know:

---

If someone other than a parent will be picking up your child, please let the teacher know in advance.

*If your group is meeting at SSPP school, please note that In order to provide better supervision and safety, we are using the **EAST** gymnasium doors. This means that parents or others who will be picking up student's will need to be waiting on the gymnasium parking lot and not on the street in front of the school or the south (playground) parking lot.*