



ST NINIANS KUILSRIVER REGISTRATION FORM

20 Station Rd, Kuilsriver, P.O.Box 310 Tel: 021 903 6961



Life Teen Candidate - "The Teen"

Name: _____

Surname: _____

Male Female:

Are You Catholic? _____

Date of Birth:

Home Number: _____

Cell Number: _____

Email: _____

School: _____

Grade: _____

BBM Pin: _____

Whatsapp:

Social Media:

Facebook: _____

Twitter: _____

Home Address:

Postal Address: *(ignore if same as above)*

Catholic Sacraments Received (tick)

Baptism	First Communion	Confirmation
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If you are not Catholic, would you consider converting?

Yes	No
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Is there anything that we should be aware of:

(Allergies, illnesses, medical history, medications, problems, etc)

What do you want to get out of LifeTeen this year?



Parental Information

Mother Step-Mother Guardian
(Please tick)

Name: _____
Surname: _____
Home No: _____
Cell No: _____
Email: _____
Religion: _____
Occupation: _____

Would you be interested in being a Life Teen Mom
and be a part of the Core Team? Y N

Could you cater for us on a few occasions? Y N

Could you assist in a few Life Nights Y N

Could you assist with a few Fundraisers? Y N

Could you assist Financially, if needed? Y N

Relationship between Biological Mom & Dad

(Please tick one_

Widowed
Married
Divorced
Separated
Other

Any other important family information that we should know

Father Step-Father Guardian
(Please tick)

Name: _____
Surname: _____
Home No: _____
Cell No: _____
Email: _____
Religion: _____
Occupation: _____

Would you be interested in being a Life Teen Mom and
be a part of the Core Team? Y N

Could you cater for us on a few occasions? Y N

Could you assist in a few Life Nights Y N

Could you assist with a few Fundraisers? Y N

Could you assist Financially, if needed? Y N

Mom – Step-Mom – Guardian – Work Information

Company Name: _____

About Company: _____

Position: _____

Office Number: _____

Website: _____

Dad – Step-Dad - Guardian – Work Information

Company Name: _____

About Company: _____

Position: _____

Office Number: _____

Website: _____