

Youth Enrollment Form

Guardian Angel Program 2010-2011

**Please take time to thoughtfully complete the following so that your “Angel” can pray for you.
Please be specific and thorough, please write legibility and avoid abbreviations.**

Please print

_____ Date

_____ Last Name

_____ First Name

_____ Middle Initial

Picture incl.? Yes No

Gender: Male Female

_____ ****Birthday**** (Month/Day/Year)

| | |
|------------------------------------|--|
| Name of School: | |
| Year in School: | |
| Favorite classes: | |
| Activities: | |
| Sports | |
| Music | |
| Drama / Dance | |
| Clubs | |
| Other | |
| Hobbies and other interests | |
| Volunteer projects: | |
| Other people in my family: | |
| Involvement at St. Tim's | |

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Last Name

First Name

Middle Initial

Special things I would like my Guardian Angel to pray about during this year:

| | |
|------------------------------------------------|--|
| Type of Music I enjoy | |
| | |
| Kind of Books I like to read | |
| | |
| Favorite Saint | |
| | |
| Favorite Christian Holiday/Holy day | |

Other things I want my Guardian Angel to know about me:

Parents: What is one of the wonderful things about your son/daughter that you'd like his/her 'Angel' to know?

Signature to be removed before passed onto Guardian Angel

I consent for the information on this 2-page form to be shared with a registered St. Timothy's 'Guardian Angel,' who has passed required background check clearance, for the purposes of prayer and spiritual encouragement only.

Youth Signature

Parent Signature