Registration 2026-2027
Complete all pages

St. John Apostle & Evangelist
Catholic Youth Ministry Grades (CYM) 6-12

95-370 Kuahelani Ave. Mililani, HI 96789 ● (808) 623-3332 ext. 107

NOTE: FAMILY MUST BE REGISTERED WITH THE PARISH

FAMILY Name_____ Email Registration to: SJAELifeteen@rcchawaii.org

Mailing Address: NAME: _____ Total # in your family:

Street:_____ #_____Adults #_____Children

CITY/STATE/ZIP: _____

Mother's Information:

Full Name: _____ Email Address: _____

Maiden Name: _____ Cell Phone: _____

Occupation: _____ Religion:_____

Marital Status: Married _____ Separated _____ Divorced _____ Remarried _____ Single _____

If re-married, Name of Spouse: _____

Father's Information:

Full Name: _____ Email Address: _____

Occupation: _____ Cell Phone: _____

Religion:_____

Marital Status: Married _____ Separated _____ Divorced _____ Remarried _____ Single _____

If re-married, Name of Spouse: _____

Child(ren) live with: Both parents _____ Mother Only _____ Father Only_____Legal Guardian _____

Legal Guardian:_____ Relationship: _____

Address:_____ Home Ph: _____

City/State/Zip:_____ Cellular Ph: _____

PHOTO RELEASE - Parent initial here:

St. John Apostle & Evangelist Church and Catholic Youth Ministry (CYM) Program reserves the right to use student pictures in publications and on the Church website. The Religious Education Office must have on file a written notice from any parent prohibiting the use of their child's picture in any publication and website.

OFFICE USE - Date Received:

Registration	Emergency Rel	Safe Environ.	Baptism Cert. / FHC Cert.	Copy of Birth Cert.

Registration Form Page 2
STUDENT INFORMATION (Grades 6-12 only)

2026-2027

Please attach each child's Baptism Certif. OR Birth Certif. (if unbaptized)

#1. Student Legal Name	**Date of Birth**	**Place of Birth**	**OFFICE USE:**
Student is: Returning_____New _____	**Circle One:** **Male Female**	**AGE / GRADE**	
Catholic Baptism: Yes_____ No_____ Religion of Baptism: _____	**Church of Baptism**	**City & State**	**Date of Baptism**

If this child needs to receive Sacraments, please check the one(s) needed below.

Baptism _____ 1st Reconciliation, Confirmation & Eucharist (Grade 6-11) _____ Confirmation (Grade 6-11) _____

#2. Student Legal Name	**Date of Birth**	**Place of Birth**	**OFFICE USE:**
Student is: Returning_____New _____	**Circle One:** **Male Female**	**AGE / GRADE**	
Catholic Baptism: Yes_____ No_____ Religion of Baptism: _____	**Church of Baptism**	**City & State**	**Date of Baptism**

If this child needs to receive any Sacraments, please put a check next to the one(s) needed below.

Baptism _____ 1st Reconciliation, Confirmation & Eucharist (Grade 6-11)_____ Confirmation (Grade 6-11) _____

#3. Student Legal Name	**Date of Birth**	**Place of Birth**	**OFFICE USE:**
Student is: Returning_____New _____	**Circle One:** **Male Female**	**AGE / GRADE**	
Catholic Baptism: Yes_____ No_____ Religion of Baptism: _____	**Church of Baptism**	**City & State**	**Date of Baptism**

If this child needs to receive any Sacraments, please put a check next to the one(s) needed below.

Baptism _____ 1st Reconciliation, Confirmation & Eucharist (Grade 6-11) _____ Confirmation (Grade 6-11) _____

#4. Student Legal Name	**Date of Birth**	**Place of Birth**	**OFFICE USE:**
Student is: Returning_____New _____	**Circle One:** **Male Female**	**AGE / GRADE**	
Catholic Baptism: Yes_____ No_____ Religion of Baptism: _____	**Church of Baptism**	**City & State**	**Date of Baptism**

If this child needs to receive any Sacraments, please put a check next to the one(s) needed below.

Baptism _____ 1st Reconciliation, Confirmation & Eucharist (Grade 6-11) _____ Confirmation (Grade 6-11) _____

2026-2027

St. John Apostle & Evangelist Parish

95-370 Kuahelani Avenue / Mililani, HI 96789 / (808) 623-3332

EMERGENCY RELEASE / AUTHORIZATION FORM

	Print Name	Home #	Work #	Cellular Phone #
Father				
Mother				
Guardian				

First & Last Name of Child	EDGE (Grades 6-8)/ Life Teen (Grades 9-12)	List Medications	List Allergies
#1.			
#2.			
#3.			
#4.			

Parent / Guardian Comments: Please describe below any special medical instructions or other special circumstances you believe are important for the **Coordinator of Catholic Youth Ministry (CYM)** to know about in connection with all events & activities.

EMERGENCY CONTACT INFORMATION:

Physician's Name:_____ Phone # _____

My child's medical is covered by: (Plan Name) _____

Hospital Preference:_____Kaiser_____Straub _____ Wahiawa General_____Queen's _____
_____Kapiolani Medical Center _____Tripler _____Closest Available

If neither parent can be reached in an emergency, please provide us with an alternate contact person:

Person to Contact:_____ Relationship: _____

Home Ph: _____ Cellular Ph: _____ Work Ph:_____

I am / We are the parent(s) / guardian(s) of the student(s) named above. By signing below, I / We:

a) *understand that I / we are responsible for notifying St. John Apostle & Evangelist (SJAE) Parish of any changes in the information provided above.*
b) *authorize any treatment by any licensed medical personnel deemed necessary in the event of a medical emergency and agree to pay for such medical expenses.*
c) *understand that all reasonable safety precautions will be taken at all times by SJAE Parish.*
d) *release and hold harmless SJAE Parish, the Roman Catholic Diocese of Honolulu, its employees and agents, contractors or volunteers, from any liability for injury, or any damages resulting from participation in any activity/event sponsored by the SJAE Catholic Youth Ministry (CYM) Program.*
e) *understand that completion and submission of this form is required for participation in the SJAE Religious Education Program.*

_____ _____ _____

Mother / Guardian Signature | Father / Guardian Signature | Date

(Rev. May 27, 2026)

CATHOLIC YOUTH MINISTRY (CYM)
St. John Apostle & Evangelist Church ● 95-370 Kuahelani Avenue, Mililani, Hawaii 96789

Creating and Maintaining Safe Environment

PARENTAL/GUARDIAN CONSENT FORM

Consistent with diocesan policy, St. John Apostle & Evangelist Parish follows the guidelines set by the United States Conference of Catholic Bishops to guide our efforts to protect our children and youth from abuse. This Safe Environment Program is part of the Religious Education curriculum.

A flyer will be sent home informing parents on the date of the Safe Environment class and reminding them to keep their children home if they do not allow them to undergo the training.
The content of the training includes:

Permission Authorization - Please check one of the following:

[Please note this consent must be completed every year for each registered child.]

☐ **Yes,** I allow my child(ren) to participate in the Safe Environment training program.

☐ **No,** I do not allow my child(ren) to participate in the Safe Environment program. On the day this lesson is presented, my child will be kept home and will not attend Religious Education class.

	PRINT NAME OF CHILD(REN)	GRADE
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

_____ _____ _____
Print Name of Parent/Guardian Signature of Parent/Guardian Date