

DIVINE MERCY MIDDLE SCHOOL EDGE MINISTRY  
REGISTRATION FORM 2023-2024

|                            |       |     |
|----------------------------|-------|-----|
| <i>For office only</i>     |       |     |
| Date                       |       |     |
| Cash                       | Ck#   | ___ |
| Online #                   | _____ |     |
| PAID \$                    |       | ___ |
| Cleared                    | Yes   | No  |
| DIRECTOR (S) INITIAL _____ |       |     |

TEEN NAME: \_\_\_\_\_  
(LAST NAME) (FIRST NAME)

BIRTHDAY: \_\_\_/\_\_\_/\_\_\_ I PREFER TO BE CALLED: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ CELL PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_ IF CHECKED PLEASE SPECIFY: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ CELL PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ CELL PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

PARENT'S EMAIL: \_\_\_\_\_

**EMERGENCY CONTACT:**

Please list an individual and phone number other than any that appear above.

NAME: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

RELATIONSHIP TO TEEN: \_\_\_\_\_

**ALL EDGE GROUP MEMBERS ARE EXPECTED TO:**

- \*\*\*Be responsible to attend each EDGE group meeting
- \*\*\*Remain with the group at all times
- \*\*\*Be respectful to all in attendance
- \*\*\*Follow the EDGE Group Policies.

My parent and I understand the above expectations and realize that if any violations occur, actions will be taken by the EDGE Director (s) by contacting the parental guardian.

\_\_\_\_\_  
(Parent Signature) (Teen Signature) (Date)