



**Please fill out this form for the safety of your student,  
who attends the St. Vincent de Paul Middle School Ministry**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_

Parent(s) Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Student Phone #: \_\_\_\_\_ Parent Phone #: \_\_\_\_\_

Student Email: \_\_\_\_\_ Parent Email: \_\_\_\_\_

Sports/Activities: \_\_\_\_\_

Stewardship Interest: \_\_\_\_\_

Are you interested in receiving Flocknote reminders about Edge Nights and special events? Yes \_\_\_\_ No \_\_\_\_

How would you like to receive your reminders? Text \_\_\_\_ E-mail \_\_\_\_

May your child receive text reminders about Edge Nights or special events? Yes \_\_\_\_ No \_\_\_\_

As a parent, are you interested in chaperoning any special youth events? Yes \_\_\_\_ No \_\_\_\_

For the protection of all children involved, our chaperones **must** be VIRTUS certified. Are you currently VIRTUS certified?

Yes \_\_\_\_ No \_\_\_\_

Are you willing to get VIRTUS certified? Yes \_\_\_\_ No \_\_\_\_

**Please return this completed form  
to Shelby Wasinger in the parish office.**