YOUTH GROUP REGISTRATION FORM

Please complete this form and drop off in the Parish Office or return to Katrina Pesta via email at YouthCoordinator@stmatthewnorwalk.org.

Parent/Guardian Information:			
Name(s):			
Address:	-		
City, State, Zip:	-		
Home Phone:	-		
Mother's Cell Phone:	-		
Father's Cell Phone:	_		
Current email address(es):	-		

The Diocese of Bridgeport requires a certain number of VIRTUS trained adults to supervise any Youth Group

meetings. We are asking all parents to receive VIRTUS certification in order to volunteer for at least one Youth Group event a year.

Are you currently VIRTUS trained/ have been certified in the last five years?

If you are unsure, please go to the link below and enter your username and password to check your VIRTUS certification status.

If you are not VIRTUS trained, please refer to the instructions below to create an account and sign up for an online or in-person training session:

- 1) Go to http://www.virtusonline.org/virtus/
- 2) Click "First-Time Registrant"
- 3) Click "Begin the registration process"
- 4) Select "Bridgeport, CT (Diocese)" from the drop-down menu
- 5) Proceed to follow the prompts and create a username and password

NOTE: It is very important that you select "Diocese of Bridgeport" when registering online for training.

For assistance with VIRTUS registering, please contact the Office of Safe Environment, Diocese of Bridgeport, Astrid Alvarez: 203-416-1407; Aalvarez@diobpt.org.

Child 1 Information:

Name:	
	Cell Phone (if applicable):
School:	Grade:
Is your child o	social media?
What extracuretc.)?	cular activities is your child involved in (school clubs, volunteer groups,
What are som	of your child's interests, hobbies or talents?
Please descril	e your child's availability throughout the year/ what days and times would our child's schedule:

Child 2 Information:

Name:		
		able):
School:		Grade:
Is your child o	n social media?	
		involved in (school clubs, volunteer groups,
What are som	e of your child's interests, ho	obbies or talents?
	pe your child's availability the	oughout the year/ what days and times would

Child 3 Information:

Name:	
	Cell Phone (if applicable):
School:	Grade:
Is your child c	n social media?
What extraculetc.)?	ricular activities is your child involved in (school clubs, volunteer groups,
What are som	e of your child's interests, hobbies or talents?
	be your child's availability throughout the year/ what days and times would your child's schedule:

Child 4 Information:

Name:		
		le):
School:		Grade:
Is your child c	on social media?	
		volved in (school clubs, volunteer groups,
What are som	ne of your child's interests, hob	bies or talents?
	be your child's availability throu	ughout the year/ what days and times would