



St. Kevin's Youth & Family Ministry

Dear Parents and Students

The St. Kevin's Youth and Family Ministry is inviting all students from Grade 3 to high school who love to sing to be part of the St. Kevin's Youth Choir! This wonderful and rewarding experience will allow the students to be part of the mass in a truly engaging and exciting way.

Our students will meet for rehearsals the last two Thursdays of the month 6:00 -7:00 to learn songs in preparation for one Sunday 5:00 pm mass (the last Sunday of each month). We will meet at the church in the choir area and your child needs only to bring his/her enthusiasm!! Our goal is to prepare our youth of the parish to leading the music ministry with beautiful vocal and instrumental music.

It is our hope that through meaningful musical participation in the mass, your child will enjoy the many rewards of being in a music ensemble as well as being part of the Mass in a fun and uplifting way!!

Our music team will be led by Dahlia Brannigan and Mario Geremia, with assistance from various other St. Kevin's Youth and Family Ministry team members.

If you would like your child to participate in this wonderful opportunity, then please complete and return the application to the church office or place in the collection plate, one per child.

Registration forms can also be found on the church website under the Youth tab, www.stkevin.on.ca or contact me at stkevinsyouthministry1@gmail.com. Join us on [Facebook at St. Kevin's Youth and Family Ministry Welland](#) and follow us on [Twitter at https://twitter.com/stkevinsy_f](https://twitter.com/stkevinsy_f)

Yours in Christ,

Dahlia Brannigan
Youth Ministry Coordinator
St. Kevin's Parish Community



St. Kevin's Youth & Family Ministry

Youth Choir Registration Form

Name: _____

Address: _____

City: _____ Postal Code: _____

Home Phone#: _____ Student's Cell: _____

Birthdate: _____ School: _____

Parent's Email: _____

Student's Email: _____

Date of Birth: _____ Current Grade: _____

Mother's Cell: _____ Dad's Cell: _____

Emergency Contact: _____ Phone #: _____

Relationship to Child: _____

Allergies: _____

Physical/Medical Limitations: _____

Doctor: _____ Phone #: _____