

Youth Ministry Registration 2009-2010

St. Joseph + St. Mary's Visitation Parishes
Please return form to St. Joseph Parish Offices no later than August 1st, 2009

Parents:

Mother's Name: _____ Father's Name: _____
First Last First Last

Living With: ___ Mother ___ Father ___ Both Member of: ___ St. Joseph ___ St. Mary ___ Other (specify)

Primary Address: Street _____ City _____ Zip _____

Home Phone Number: _(_____) _____ Cell Phone: _(_____) _____

Mother's E-mail: _____ Father's E-mail: _____
please print very clearly please print very clearly

Emergency Contact Name: _____ Phone Number: _(_____) _____
First Last

**For our records, please complete form for ALL children
grades 6-12, including those who attend Catholic school.**

Child 1: Please print

Name: _____ Grade Fall 09 (circle): 6 7 8 9 10 11 12
First Last

Gender (circle): M F Date of Birth: _____ School Attends: _____

Teen's E-mail: _____ Teen's Cell: _(_____) _____
please print very clearly

Program to participate in (please check one) : Middle School Program (gr. 6-8)
 High School Program (gr. 9-10) Confirmation (gr. 11)
 Senior Leadership (gr. 12) Optional Programs

Please list any health concerns we should know about: _____

Child 2: Please print

Name: _____ Grade Fall 09 (circle): 6 7 8 9 10 11 12
First Last

Gender (circle): M F Date of Birth: _____ School Attends: _____

Teen's E-mail: _____ Teen's Cell: _(_____) _____
please print very clearly

Program to participate in (please check one) : Middle School Program (gr. 6-8)
 High School Program (gr. 9-10) Confirmation (gr. 11)
 Senior Leadership (gr. 12) Optional Programs

Please list any health concerns we should know about: _____

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Information for additional children on back. If registering more than 4 children, please complete a second registration form.

Please complete opposite side of form including payment information, emergency release, and volunteer opportunities.

Child 3: Please print
 Name: _____ Grade Fall 09 (circle): 6 7 8 9 10 11 12
First Last
 Gender (circle): M F Date of Birth: _____ School Attends: _____
 Teen's E-mail: _____ Teen's Cell: _(_____)_____
please print very clearly
 Program to participate in (please check one) : Middle School Program (gr. 6-8)
 High School Program (gr. 9-10) Confirmation (gr. 11)
 Please list any health concerns we should Senior Leadership (gr. 12) Optional Programs
 know about: _____

Child 4: Please print (for additional children please use a second form)
 Name: _____ Grade Fall 09 (circle): 6 7 8 9 10 11 12
First Last
 Gender (circle): M F Date of Birth: _____ School Attends: _____
 Teen's E-mail: _____ Teen's Cell: _(_____)_____
please print very clearly
 Program to participate in (please check one) : Middle School Program (gr. 6-8)
 High School Program (gr. 9-10) Confirmation (gr. 11)
 Please list any health concerns we should Senior Leadership (gr. 12) Optional Programs
 know about: _____

**HELP! Parents, to have a successful program, we need your help.
 Please indicate how you would like to be involved.**

I would like to assist with: Middle School Program (gr. 6-8)
 High School Program (gr. 9-10)
 Confirmation Program (gr. 11)
 Other Youth Ministry Programs (gr. 6-12)

Payment:

Middle School Program (grades 6-8): \$150 per child:	_____	
High School Program (grades 9-10): \$175 per child:	_____	Late fee if returned after
Confirmation Program (grade 11): \$200 per child:	_____	August 1st, 2009: \$25 _____
Senior Leadership and Optional Programs: no charge		
Total:	_____	

Please register by August 1st, 2009 even if payment cannot be made at time of registration. No child will be denied participation due to inability to pay. Contact the Business Office (414-771-4626) to make payment arrangements or to discuss payment options.

Picture release: My teen may be photographed for program purposes while participating in St. Joseph + St. Mary Youth Ministry activities and these photos may be used in promotional materials in print form or on the parish web site.

Emergency Treatment: In the event of any emergency, I give permission to transport my CHILD/WARD to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

Parent / Legal Guardian Signature: _____ Date: _____

Office Use Only

Date Received: _____ Amount Paid: _____ Check: _____ Cash: _____ Initials: _____