

### REGISTRATION INSTRUCTIONS

- Print clearly and answer each question completely.
- Attach a copy of student's Baptismal Certificate if this is this is 1<sup>st</sup> time in Religious Education at St. Joseph. (If Baptized at St. Joseph we already have your certificate.).
- Enclose a check payable to St. Joseph Church or cash and put the envelope in the weekly Mass collection basket or mail to:

St. Joseph Catholic Church  
Religious Education Department  
9425 Whittaker Road  
Ypsilanti, MI 48198

There will be a late fee of \$25 for Registrations received after September 8<sup>th</sup>.

For more information contact Betty Linzy 734-480-9491 or [belinzy@att.net](mailto:belinzy@att.net).

**ST. JOSEPH CATHOLIC CHURCH**  
9425 Whittaker Road  
Ypsilanti, MI 48197-8917  
Telephone: (734)461-6555 Fax (734) 461-1444  
Youth Group Registration (Grades 8 -12)  
2016-2017

**FEES:** 1<sup>st</sup> Youth (\$40), 2 or More Youth (\$50 per family). **Checks to: St. Joseph Church.**

**Participant's Name** \_\_\_\_\_ Sex \_\_\_\_\_ Birth Date \_\_\_\_\_  
Age \_\_\_\_\_ Grade \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Cell phone: \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_, State: \_\_\_\_\_, Zip Code: \_\_\_\_\_

**Father's Name:** \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_, State: \_\_\_\_\_, Zip Code: \_\_\_\_\_

(Or): Legal Guardian \_\_\_\_\_  
Relationship to participant \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_, State: \_\_\_\_\_, Zip Code: \_\_\_\_\_

**Parent/Guardian Permission**

I hereby consent to participation by my son/daughter, \_\_\_\_\_  
in the St. Joseph Church Youth Group Program for the 2016-2017 academic year. I understand  
that this program will take place on the parish grounds and that my son/daughter will be under  
the supervision of the authorized parish personnel.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Contact Person if parent/guardian cannot be  
reached: \_\_\_\_\_  
(Name) (Phone Number)

**Anna Nowaczewski, Co-DRE, and Youth Director (anowaczewski@gmail.com); 734-904-7632**