

ST. JOSEPH CONGREGATION
2018-2019 YOUTH MINISTRY REGISTRATION
THADEUS BROOKS, DIRECTOR OF YOUTH MINISTRY, (414) 771-4626 X 108
brookst@archmil.org

*Please **LEGIBLY PRINT** ALL information on front and back. Thank you.*

Family Last Name: _____ Home Phone: () _____
 (Parents' Last Name) Cell Phone: () _____

Father's Full Name _____

Mother's Full Name _____

Family is a member of: St. Joseph _____ Other _____

Address: _____
 (Street) (City / State / Zip code)

E-mail (required) _____
 (we **will** communicate via email, so please provide an email that you check often)

Emergency Contact Full Name _____ Phone () _____

HIGH SCHOOL WILL MEET TWICE/MONTH ON SUNDAY MORNINGS IN THE SCHOOL

Please complete the following information for all children grades 9 and 10

Child's Full Name _____ (Gender) _____ Date of Birth _____
 (First) (Last) (F / M)

Child would like to be called _____ Grade (Fall 2018) _____ School Attending _____
 (Nickname) (9 - 10)

Child Lives With _____ Both Parents / _____ Father / _____ Mother / _____ Other (explain) _____

Teen's E- mail: _____ Teen's Cell: () _____ (these are very important for high school students)

Please list any health concerns or learning disabilities that should be brought to the catechist's attention, please be specific:

Child's Full Name _____ (Gender) _____ Date of Birth _____
 (First) (Last) (F / M)

Child would like to be called _____ Grade (Fall 2018) _____ School Attending _____
 (Nickname) (9 - 10)

Child Lives With _____ Both Parents / _____ Father / _____ Mother / _____ Other (explain) _____

Teen's E- mail: _____ Teen's Cell: () _____ (these are very important for high school students)

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 (Nickname) (9 - 10)

Child Lives With _____ Both Parents / _____ Father / _____ Mother / _____ Other (explain) _____

Teen's E- mail: _____ Teen's Cell: (____) _____

Please list any health concerns or learning disabilities that should be brought to the catechist's attention:

Child's Full Name _____ (Gender) _____ Date of Birth _____
 (First) (Last) (F / M)

Child would like to be called _____ Grade (Fall 2018) _____ School Attending _____
 (Nickname) (9 - 10)

Child Lives With _____ Both Parents / _____ Father / _____ Mother / _____ Other (explain) _____

Teen's E- mail: _____ Teen's Cell: (____) _____

Please list any health concerns or learning disabilities that should be brought to the catechist's attention:

Parents! In order for our programs to be successful, we need your help!
Please indicate if you would like to assist with:

High School Program (hospitality, setup, chaperone special events, etc.)

REGISTRATION DUE: August 1, 2018

PROGRAM FEE: High School Program : \$125 per child _____

Total _____

Contact the Parish Office to discuss financial aid.

PICTURE RELEASE: My child(ren) may be photographed during the child ministry program and these photos may be used for program purposes or for promotional material in print form or on the parish website.
Otherwise check here _____

EMERGENCY TREATMENT: In the event of any emergency, I give permission to transport my child to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____