

REGISTRATION INSTRUCTIONS

- Print clearly and answer each question completely.
- Attach a copy of student's Baptismal Certificate if this is this is 1st 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 8th.

For more information contact Betty Linzy 734-480-9491 or 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)
2017-2018

FEES: 1st 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 2017-2018 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