



# 2016-2017 REGISTRATION

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Student Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Allergies: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Parent Cellphone: \_\_\_\_\_  
Parent Name: \_\_\_\_\_ Parent Cellphone: \_\_\_\_\_  
Parent E-mail: \_\_\_\_\_

*We are always looking for more help to make this ministry better, and parent volunteers are always needed. Please check of any of the following areas you may be able to help with:*     Snacks     Regular programs (EDGE/UC27)     Special Events     Chaperone

Emergency Contact Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Cellphone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

## Parental Consent:

I understand that neither St. Joseph's Church, nor any of it's volunteers are responsible for any injury sustained by my child. I authorize medical treatment under emergency circumstances in my absence and I accept responsibility for any medical expenses as a result of any such injury systained.

I give permission for my son/daughter to participate in the Youth Formation Programs at St. Joseph's Church. I also accept resonsibility for my son/daughter to be dropped off and picked up after activities on time. I understand that some activites will happen off church property and give permission for any transportation.

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

An annual registration fee of \$40/child is required upon registration for the Youth Ministry Programs to cover food, material, and program costs. Please make cheques payable to St. Joseph Catholic Church.

PLEASE SIGN OTHER SIDE 

## Office Use:

Date Received:	Amount Paid:	# Paid:	Tender:	Receipt #:
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