



**Holy Disciples
Junior High Youth Ministry
Grades 6 – 8
Registration 2019-2020**

For Office only
Received ___/___/___

Participant Information:

Name	Gender	DOB*	Grade 2019-20	Baptized Catholic	Already Received First Eucharist	Medical Issues **
_____	M/F	_____	_____	Y/N	Y/N	_____
_____	M/F	_____	_____	Y/N	Y/N	_____
_____	M/F	_____	_____	Y/N	Y/N	_____
_____	M/F	_____	_____	Y/N	Y/N	_____

* DOB = Date of Birth

Address: _____

City, State, Zip: _____

Email: _____

School Name _____

Phone (home): _____ Phone (cell): _____

Cell Phone (Mom): _____ Cell Phone (Dad): _____

**(List any medical issues)

Are you registered in Holy Disciples Parish: Yes No (Circle One)

Parent Name: _____

Phone (if different from above): _____

Parent Email: _____

Parent Volunteer Information: We need your help to make this program a success. **Please choose at least one area you can commit to this year.**

- _____ Youth Team (assist with Sunday gatherings)
- _____ Shopper (Gather/buy needed items for events-food, craft, etc.)
- _____ Retreat or Rally Team (Assist on an all day or overnight event)
- _____ Snack Coordinator (serve snacks and clean up at Youth Night)
- _____ Assist with Service Projects
- _____ Driver (Assist with transportation to/from event)
- _____ Chaperone for special event (Movie/Game Night, service work, etc.)
- _____ Other (e.g. phone calling, music, office) Describe: _____

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Rcvd by: _____

Fees: \$45 per child, \$125 maximum for families -

Cash _____ Check # _____ Amt _____ (# in K-5 _____ # in JH _____ # in SH _____)
Waived _____ Payment plan: (1st pmt.) _____ (2nd pmt.) _____ (3rd pmt.) _____