St. Joseph Catholic Church Youth Ministry Registration Form

One Application per Youth Participant (High School Students in Grades 9 thru 12) Please complete all forms. (Print clearly)

Participant’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: □M □F High School Attending \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_\_\_\_\_

Parent/Guardian’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_

Mailing address (if different from above): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_

Home phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ] I can accept text messages

Teen’s Email\*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email addresses will only be used for announcements & updates about youth events.

Primary Residence: \_\_\_\_\_\_Mother \_\_\_\_\_\_\_Father \_\_\_\_\_\_\_Both \_\_\_\_\_\_\_Grandparent(s) \_\_\_\_\_Legal Guardian(s)

Sacraments Received: \_\_\_\_\_\_Baptism \_\_\_\_\_\_\_1st Reconciliation \_\_\_\_\_\_\_1st Eucharist \_\_\_\_\_\_\_\_Confirmation

\*\*Youth entering Confirmation classes must provide a copy of their Baptismal and 1st Eucharist certificate along with this registration.

**(There are no sacramental requirements for attending youth ministry)**

**Confirmation and Youth Ministry Fees: $45.00 for each youth.** This fee will cover instructional needs and activities for each individual. Please make check payable to St. Joseph’s Church, Memo: Youth Ministry. Check may be mailed to **St. Joseph’s Church, Youth Ministry, 1294 Makawao Ave, Makawao, Hawaii 96768.**

T-shirt size: [ ] Adult Small [ ] Adult Medium [ ] Adult Large [ ] Adult X-Large

Teen’s religion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Youth of other faiths are welcomed!)

**Participant’s Affirmation:**

***I acknowledge that by being a member of the St. Joseph Youth Ministry, I am seeking to deepen my faith and practice a life of Christian service based on the Gospel. I will treat my peers with respect, and their sharing with confidentiality, in order to build a good faith community. I will be faithful in my attendance and open to the direction and guidance of the Holy Spirit.***

Teen’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**As stewards of St. Joseph Church, families must volunteer a minimum of 5 hours per student to the St. Joseph Feast on April 29, 30 & May 1, 2016. Thank you!**

Signature of Person filling out this form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office Use Only

**Registration Fee: $45.00**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Check#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Cash: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Total Paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Receipt #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**