



St. Joseph Church/ Catholic Middle School Youth Ministry Registration Form

Name: _____ Phone: _____

Address: _____ City: _____ State: _____

Zip: _____

Student Email Address:

Parent Email Address:

Birth date: ___/___/___ School: _____ Grade: ___ Shirt Size: _____

Parents' /Guardian's Names: _____

Parents'/Guardians' support is vital!

Please indicate how you can assist in this year's program:

____ Bake or bring refreshments for meetings or special occasions

____ Be or know a guest speaker: Person/ Topic: _____

____ Drive for special events

____ Assist with chaperoning special events

____ Fundraising Events/Planning

____ General Help: _____

I hereby give permission for my child to attend The EDGE at St.
Joseph Church on Sundays from 4:00-5:45pm and Gym/Movie nights

(Parent signature)

A donation of \$60 as a registration fee would be greatly appreciated. This money will go towards a t-shirt, the purchase of goods for the program and help with our efforts to provide a comprehensive program for your youth. If needed scholarships are available. Please make checks payable to St. Joseph Church.

Any questions? Please contact Julia or Phillip Norton at (318) 865-3581 or
youth@stjosephchurch.net

Please return forms to the Church Office. Thank you!