

2008-2009 Registration

St. Joseph Youth Ministry

Student Registration Form

Dear Parent or Legal Guardian,

We look forward to the participation of your youth in the Youth Ministry Program at St. Joseph Catholic Church. For our records, and in the case of an emergency, please fill out and sign this registration form. Return this form, along with the **Medical History Form** to the Youth Ministry Office. Thank you.

Student's Name: _____

Date of Birth _____ Grade entering **THIS** Fall _____

School _____

Student Address _____ City _____ Zip _____

Student Phone Number _____

Student E-mail address _____

Parent/Guardian E-mail address _____

Mother's Name: _____ Father's Name: _____

Registered at St. Joseph Catholic Church? Yes No

Program Fees

Note: All program fees are assessed at a per family rate per program registered. (i.e. The total cost of one or more students in your family participating in the Middle School Faith Formation Program is \$45.00, the total cost of one or more students in your family participating in the High School Faith Formation Program is \$45.00)

No family will be excluded due to inability to pay. Please indicate if you would like to set up a payment plan or if scholarship assistance is requested.

Yes No

If Yes, Scholarship or payment plan form (included in this packet) must accompany registration.

Please mark all that apply:

<input checked="" type="checkbox"/>	Program	Parishioners	Out of Parish	Totals
	Middle School Faith Formation* (includes Confirmation Prep. 8th grade)	\$45.00*	\$65.00*	
	High School Faith Formation* (includes Dead Theologians Society)	\$45.00*	\$65.00*	
Fees are waived for full time volunteers and Catechists. Please indicate your willingness to volunteer full time by checking this box.				
TOTAL AMOUNT DUE				

* Retreats, conferences, and events that require travel and/or lodging may have additional fees.

Please continue on next page.

FOR OFFICE USE ONLY:

Fee Payment Plan Scholarship and Financial Assistance

Date Paid	Registration Fee	Amount Paid	Check Number	Cash	Balance Due

Fee waived: for Catechist for Scholarship

_____/_____
Signature/DRE/CYM/or Secretary

Date

Parental/Guardian Permission

I hereby consent to participation by my son/daughter in the St. Joseph Catholic Church Youth Ministry Program for the 2008-2009 program year. I understand that the programs will take place on the parish grounds and that my son/daughter will be under the supervision of authorized parish personnel and/or volunteers.

Signature: _____

Date: _____

Photo Authorization

Dear Parents/Guardians:

There may be times throughout the year in which your child's photo may be taken individually or with a group. These photos are sometimes used on our Youth Ministry web site (www.stjosephadrian.com/youth/index.html). So we ask your permission to post these pictures on our site.

Please check one:

Yes, you have my permission to place a photograph of my child on the Youth Ministry web site.

No, I do not wish for my child's photograph to be used on the Youth Ministry web site.

Please be sure to fill out a Health History and Medical Release Form

(included in this packet)

We're sorry for any inconvenience, but the medical forms are only kept on file for the Youth Ministry Program Year, then confidentially shredded. It is important to fill this form out each year in order to update your child's medical conditions.

Office of Youth Ministry
2008-2009 Scholarship and Financial Assistance Request Form

In order to receive scholarships, financial assistance, or a fee payment schedule, you must complete the appropriate sections of the Scholarship and Financial Assistance Request Form. All requests will be reviewed and awarded to those in need. No family will be excluded due to inability to pay. **You must be a St. Joseph Catholic Church Parishioner to be considered for this program.**

It is important to state that the Office of Youth Ministry honors stewardship in terms of time and talent as well as treasure. **Full-time Catechists, Catechist Assistants, and Volunteers receive free tuition.** Please prayerfully consider sharing your time and talent with the youth of our parish.

This form must accompany your 2008-2009 Youth Ministry Registration Form

FAMILY INFORMATION:

Father's name _____ Mother's name _____
Student's name(s) (1) _____, (2) _____
(3) _____, (4) _____

Mailing address _____ City _____ Zip _____
Home phone _____ Work phone _____
Email _____

FEE PAYMENT PLANS

Generally, we appreciate full payment upon registration due to the fact that most supplies are purchased in advance. However, if this causes a financial burden, please choose one of 2 financial plans.

Total Registration Due (from registration form) \$ _____

Plan A: 1/4th due at registration \$ _____
1/4th due Oct. 31st \$ _____
1/4th due Dec. 31st \$ _____
Balance due Feb. 28th \$ _____

Plan B: 1/2 due at registration \$ _____
Balance due Feb. 28th \$ _____

SCHOLARSHIP AND FINANCIAL ASSISTANCE REQUEST

Please check the amount of financial assistance requested
25% _____ 50% _____ 75% _____ 100% _____ Other % _____

Total Amount of Assistance or Scholarship Requested: \$ _____ **Balance Due:** \$ _____

Please complete the Fee Payment Plan section for the balance due if you also need this option for the balance.

Those who fall behind in their monthly payments will receive a reminder notice. It is requested that payment in full be made no later than February 28, 2009.