

St. Joseph Catholic Church Youth Group Registration

Registration Date: _____ Grade in School: _____ (2017-2018 term)

Student's Name:

First _____ Middle: _____ Last: _____

Date of Birth: ___/___/___ School Attending: _____

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

Student Lives with: _____

Mailing Address: _____

Home Telephone: _____

Mother Cell #: _____ Father's Cell #: _____ Student's Cell#: _____

Parent's Email: _____

Student's Email: _____

Additional Information

Student's T-Shirt Size: _____

Total Fees: \$15 for shirt and \$10 YG dues

For Office Only:

Date paid: ___/___/___ Method: cash or check Taken by: _____