

**St. Joseph Catholic Church**  
**Parish School of Religion 2017-2018 Registration K-12<sup>th</sup>**  
**Catholic Youth Ministry (CYM) 9<sup>th</sup> – 12<sup>th</sup> grade**

**Parents' Names:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Phone Number(s):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Health Insurance Provider:** \_\_\_\_\_

**Policy Number:** \_\_\_\_\_

**Have you received Virtus training?    YES    NO**

**If yes:    Parish** \_\_\_\_\_ **Date** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

**Relationship to Student:** \_\_\_\_\_

**Phone Number(s):** \_\_\_\_\_

**Student's Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Has student been?**

**Baptized?                    Y    N                    Parish:** \_\_\_\_\_

**Had 1<sup>st</sup> Penance?        Y    N                    Parish:** \_\_\_\_\_

**Had 1<sup>st</sup> Communion?    Y    N                    Parish:** \_\_\_\_\_

**Any allergies/medical conditions to be aware of?**

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Has student been?

Baptized?                    Y   N            Parish: \_\_\_\_\_

Had 1<sup>st</sup> Penance?        Y   N            Parish: \_\_\_\_\_

Had 1<sup>st</sup> Communion? Y   N            Parish: \_\_\_\_\_

Any allergies/medical conditions to be aware of?

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Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Has student been?

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Had 1<sup>st</sup> Penance?        Y   N            Parish: \_\_\_\_\_

Had 1<sup>st</sup> Communion? Y   N            Parish: \_\_\_\_\_

Any allergies/medical conditions to be aware of?

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Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Has student been?

Baptized?                    Y   N            Parish: \_\_\_\_\_

Had 1<sup>st</sup> Penance?        Y   N            Parish: \_\_\_\_\_

Had 1<sup>st</sup> Communion? Y   N            Parish: \_\_\_\_\_

Any allergies/medical conditions to be aware of?

\_\_\_\_\_

\_\_\_\_\_ I am willing to occasionally help on a Wednesday evening.

\_\_\_\_\_ I would like to help plan activities.