

# St. Joseph Youth Ministry

*~ a way for youth and their families to live out their baptismal call  
with the opportunity to prepare for the Sacrament of Confirmation ~*

**St. Joseph Church · 454 Germantown Road · West Milford NJ · 07480**

Household Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Parent/Guardian(s): \_\_\_\_\_

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

Town State

Zip Code

Home Phone: \_\_\_\_\_ Is your home number unlisted? \_\_\_ Yes \_\_\_ No

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
(Primary means of communication.) (For emergency use only.)

Is your family registered at Saint Joseph Parish?  Yes  No

## Assistance with Youth Ministry [High School]

Please indicate the areas where you would be willing to help by putting your name next to the activity.

### Formation Area

+Catechist: \_\_\_\_\_

(Sunday Evening Sessions)

+Requires participation in our screening process and a willingness to prepare lessons, teach and participate in catechist meetings.

I would like to co-teach with \_\_\_\_\_

### Service Area

Help coordinate & guide a group service activity:  
\_\_\_\_\_

### Hospitality Areas

Help serve meals at high school retreats:  
\_\_\_\_\_

Help coordinate meals for high school retreats:  
\_\_\_\_\_

### Support Area

Make phone calls when needed:  
\_\_\_\_\_

A talent I'd like to share \_\_\_\_\_

A **\$100 fee** that helps to cover the cost of retreats, special events and program materials is due at the time of registration.

Please make checks payable to: **St. Joseph Church** and return the form with fee as soon as possible.

Completed by Office: \_\_\_\_\_ Date: \_\_\_\_\_ Check Number: \_\_\_\_\_ Amount: \_\_\_\_\_

# Faith Formation in the High School Years

Teen's Name: \_\_\_\_\_

Grade in September **2010**: \_\_\_\_\_

Name of School Attending: \_\_\_\_\_

Grades completed for Faith Formation: \_\_\_\_\_  
[e.g. Grades 1-8]

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Will this teen be preparing for a sacrament?

Penance \_\_\_\_\_

Eucharist \_\_\_\_\_

Confirmation \_\_\_\_\_

Is there any other information which you would like us to know about your child? This should include information about child custody, special needs, family changes or anything else that you think might be of concern to us.

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# St. Joseph Church

## General Information

Family Name:	Home Phone:
Teen's Name:	Date of Teen's Birth:
Father's Name:	Mother's Name:
Father's Cell:	Mother's Cell:

## Photographic Release

By signing this form, the parent/guardian gives permission and waives the right to any type of compensation, for their child to be photographed or video taped at any or all activities sponsored by the Faith Formation or Youth Ministry programs. Pictures or videos may be used for publicity on the parish website or for educational purposes.

I give permission.

yes

I do not give permission.

no

<b>Parent/Guardian Signature:</b>	<b>Date:</b>
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## Medical and Emergency Information & Release

In the event my child becomes ill, is injured or requires emergency medical attention of any kind, and I cannot be reached by telephone, I hereby authorize the program director/adult chaperone to make the necessary decisions concerning emergency treatment. I also give permission for my child to be transported to the nearest medical facility or hospital for treatment.

<b>Parent/Guardian Signature:</b>	<b>Date:</b>
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## Emergency Contact

If a parent cannot be reached, please contact the emergency person listed below:

Contact Person:	Phone:
Relationship:	
Date of child's last tetanus shot:	Does your child wear contacts ?
Family Physician:	Office Phone:
Insurance Company:	Policy Number & Group Number:
Allergies:	Is there any other health/physical information we should know about your child (ex. Asthma)?