

**2010-2011 REGISTRATION FORM  
7<sup>th</sup> & 8<sup>th</sup> GRADE YOUTH GROUP**

*(All fields marked with an asterisk \* must be completed. Please print clearly.)*

\_\_\_\_\_ **Registered Parishioner:** \_\_\_ Yes \_\_\_ No  
Family Name\*

\_\_\_\_\_ **Father's Name\*** \_\_\_\_\_ **Mother's Name\* (First) (Maiden)**

\_\_\_\_\_ **Home Phone Number\*** \_\_\_\_\_ **Cell Phone Number**

\_\_\_\_\_ **Mailing Address\*** \_\_\_\_\_ **City State Zip**

\_\_\_\_\_ **E-mail Address\***

\_\_\_\_\_ **Father's Work Number\*** \_\_\_\_\_ **Mother's Work Number\***

**I am interested in volunteering to help with the Youth Group:**

\_\_\_ Yes, I have completed the Adult Participation Form.

\_\_\_ No, I have not completed the form at this time.

**STUDENT INFORMATION:**

<b>First Name(s)</b>	<b>Date of Birth</b>	<b>Grade as of 9-10</b>	<b>School</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*(Please continue to page two.)*

\*Please list any **allergies, medications and important medical information** regarding your children's health:

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\*Please note your child/children's educational differences so that we can help support their needs:

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**PROGRAM EXPECTATIONS:**

*Students in the program are expected to follow the rules as stated below. These rules are intended to maintain the safety and well being of the staff and students.*

- Students must sign in upon arrival at each event/meeting.
- Students are expected to be cooperative, courteous, respectful at all times.
- Students are expected to follow all directives given by Father Trader, the Director of Religious Education, and all volunteers.
- Students are expected to be respectful of church and others' property.

*Consistent failure to follow these directives may result in a conference among the Director, parents, and student.*

**I also understand that participation in CYO activities requires my child's/children's regular attendance in the Religious Education Program\Youth Group.**

\_\_\_\_\_  
**Parent Signature\***

\_\_\_\_\_  
**Date**

**Registration fee for the year is \$25.00. Confidential financial aid is available.  
Please make a check payable to Saint Monica Church and return with this form to:**

Saint Monica Church  
Office of Religious Education  
601 First Avenue  
Berwyn, Pennsylvania 19312

**FOR OFFICE USE ONLY:**

\_\_\_\_\_  
Payment Amount

\_\_\_\_\_  
Check #

\_\_\_\_\_  
Cash

\_\_\_\_\_  
Date Paid