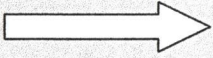
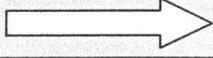
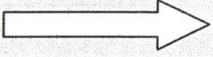


St. Joseph Catholic Church Religious Education Registration 2017-2018

Family Last Name: _____

Address _____ City _____ Zip _____

Circle each session that applies:

	ELEMENTARY/INTERMEDIATE (Pre-K 4 year olds-6th Grade)	JUNIOR HIGH YOUTH MINISTRIES (6th - 8th Grade)	HIGH SCHOOL YOUTH MINISTRIES (9th-12th Grade)
SUNDAY MORNING 	Elementary/Intermediate Grades (Pre-K 4 year olds-6 th grade) Sunday, 8:45-9:45am ELEMENTARY CAMPUS		HIGH SCHOOL TEACHER AID FOR PreK-5 th grade Day _____ Grade to teach _____
SUNDAY EVENING COULTER CAMPUS 		Junior High Youth Ministries (6 th -8 th Grade) Sunday, 6:30-8:30pm COULTER CAMPUS	High School Youth Ministries (9 th -12 th Grade) Sunday, 6:30-8:30pm COULTER CAMPUS
WEDNESDAY EVENING 	Elementary/Intermediate Grades (Pre-K 4 year olds-6 th grade) Wednesday 6:00-7:00pm ELEMENTARY CAMPUS		

FIRST COMMUNION and **CONFIRMATION** have separate sessions and require additional registration forms.

Please type or print clearly

Name of Parish you are a Member of: _____

Parent/Guardian Mom E-mail _____ Dad E-mail _____

Mothers/Guardians First & Last Name _____ Religion _____

Phone: (____) _____ Address (if different): _____

Fathers/Guardians First & Last Name _____ Religion _____

Phone: (____) _____ Address (if different): _____

Student Information (Oldest to Youngest - check all sacraments received)

Student's Name	Birthday	Grade in Fall 2017	Baptism	Reconciliation	First Communion	Comments Does your student need any Accommodations

(For more than five children, use another registration form)

Our program is **ALL VOLUNTEER**- where can you help?

____ Catechist (Grade ____) ____ Assistant Catechist (Grade ____) ____ On-call Substitute Catechist

____ Office Help ____ 6th-8th Grade Group Leader ____ MS & HS Meal Team

Fees: \$30 per child.

Return completed form & fee in envelope **marked ATTN. Religious Education Office to:**

Church office, Sunday collection basket, or Mail to St. Joseph Church, 507 E. 26th Street, Bryan, TX 77803

St. Joseph Parish Youth Emergency Medical Information, and Release DATE _____

Participant(s): _____ **Email:** _____

Parent(s): _____ **Home#:** _____

Work#: _____ **Cell#:** _____ **Parent Email:** _____

St. Joseph Church, Bryan, Texas, a Texas non-profit corporation. **Diocese:** The Catholic Diocese of Austin, a Texas non-profit corporation.
CCFM: Collaborative Catholic Formation Ministries, a Texas non-profit corporation.

I(we) the undersigned represent that I (we) are the parent(s) or legal guardian(s) of participant and have full authority under law to sign this document.

Unless this paragraph is struck and initialed by the undersigned, Parents authorize Parish/School and the Diocese to provide over-the-counter aspirin, pain relievers, cold medicine, and other over-the-counter medications to Participant at Participant's request if the Parish/School or Diocese deem it reasonable to do so. The Parish/School will make reasonable attempts to notify Parents prior to authorizing any such over-the-counter medication.

In the event of an emergency or a situation that is reasonably considered to be an emergency, Parents authorize the Parish/School, the Diocese, and CCFM to seek and authorize emergency medical care to be given to Participant (for example, first aid, medication, anesthesia, or surgery). The Parish/School will make reasonable attempts to notify Parents prior to authorizing any such emergency care. Parents grant CCFM, the Parish/School and the Diocese permission to photograph and video tape Participant during the Event; and to use the photographs and video tapes in publications and promotions of the Parish/School and the Diocese, including but not limited to publications such as websites, newsletters, advertisements, scrapbooks, and yearbooks. To the extent permitted by law, Parents, for themselves and for Participant, release and agree to indemnify and hold harmless CCFM, the Parish/School, the Diocese, and the Transportation Provider from any and all liability, claims, demands, and costs which may arise as a result of Participant's participation or which is, in any way, related to such participation. This paragraph covers loss under any theory of loss (negligence or otherwise) including but not limited to personal injury or property damage. Parents and Participant assume all risk of injury or loss to themselves or their property.

Parent/Guardian signature: _____ Date: _____

Emergency Contact and Insurance Information

Emergency contact: _____ Phone: _____

Alternate, contact: _____ Phone: _____

Participant(s) Insurance Carrier: _____ Phone: _____

Address: _____

Child #1: _____ / _____ / _____
Name Date of Birth Grade

1) Date of Last Tetanus Booster: _____

2) Participant has the following conditions (allergies, medical conditions, etc.): _____
_____ *Attach additional sheets if necessary*

3) Participant is currently taking the following medication: _____

4) Special Instructions or Other Information: _____

Child #2: _____ / _____ / _____
Name Date of Birth Grade

1) Date of Last Tetanus Booster: _____

2) Participant has the following conditions (allergies, medical conditions, etc.): _____
_____ *Attach additional sheets if necessary*

3) Participant is currently taking the following medication: _____

4) Special Instructions or Other Information: _____

St. Joseph's Youth Ministry
Dress Code for Events

(Youth Nights, Retreats, Conferences, and any other Youth Related Event)

The intention of this list is not to send out a list of “can’t’s,” but instead a list of guidelines to allow respect for ourselves, each other, and the place we gather. We want to allow an atmosphere for the Lord to encounter each person without distractions.

All clothes should fit and cover appropriately:

- All underwear should be covered and not visible through other clothing
- Shorts must be no shorter than fingertip length when arms are held straight at sides
- Athletic shorts are acceptable *if and only if* they fit the above terms on shorts
- Dresses and skirts must reach the calf of the leg when kneeling

All clothes should not have anything offensive on them, written or pictured:

- No drug or alcohol references
- No cuss words
- No profane images

Clothes that are not appropriate:

- Jeans that are frayed or have holes higher than the knee
- Spaghetti strap tops (without a cardigan or jacket)
- Crop tops
- Yoga pants, unless worn underneath a dress or skirt
- Leggings are not considered pants and should not be worn without a dress, skirt, or shorts covering them
- Low cut shirts, see-through clothing, or clothing which reveals the midriff, or cleavage

Youth ministers hold the final say concerning dress code and will give out verbal warnings, but will call for a change of clothes if infractions continue. If you have any questions, feel free to contact McKenzie Neu at mckenzie@ablazeyouth.org or Samantha Shepard at sam@ablazeyouth.org. Thank you for your cooperation and understanding!

Youth Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Ignite and Journey Discipline Policy

These are the steps we will be taking to ensure that every person at our youth nights will be treated with respect and that the culture at these youth nights is one centered around Jesus, where young people can encounter the love of God. These will be the steps taken when any youth behave in a way that is disrespectful towards others or disruptive to the activities taking place:

Strike 1: The youth will be given a verbal warning and will be told that this behavior needs to stop.

Strike 2: The youth minister will remove the youth from the situation and talk to them about their behavior.

Strike 3: The youth minister will contact the parents of the youth and parents will need to come pick up their child.

Immediate send homes: If a youth has brought/is partaking in drugs or alcohol, or carries out any type of sexual activity, parents will be called immediately and the youth will be sent home. Once a youth has been sent home, they will be welcomed back to youth night the following week. However, if the same behavior continues, the following steps will be taken:

Sent home a second time for the same behavior: The youth will be asked to stay home from youth night the following week and will be marked absent. Once they have taken a week off from attending, they will be welcomed back into the program.

Sent home a third time for the same behavior: The youth will not be able to attend youth nights for the rest of the semester.

Again, this policy is in place to make sure that every youth has a positive experience at youth events, and that all present are given the opportunity to grow in knowledge and love of God. If you have any questions, please do not hesitate to contact McKenzie Neu at mckenzie@ablazeyouth.org or Samantha Shepard at sam@ablazeyouth.org.

Youth Signature: _____ Date: _____

Parent Signature: _____ Date: _____