

St John the Evangelist Junior CYO Enrollment Form 2009-2010
\$15.00 per student

Name: _____

Home Phone: _____ Parents' e-mail:* _____

Address: _____

School: _____ Grade: _____ Birthday: _____

Father's Name: _____ Cell phone: _____

Mother's Name: _____ Cell phone: _____

Emergency Contact's Name: _____ Relationship to child: _____

Emergency Contact's Phone: _____ Emergency contact's cell phone: _____

Medical Concerns/Allergies: _____

*Please note that all of our correspondence (new events, changes, cancellations, etc) will be sent via the **parents'** e-mail address– If your e-mail changes during the year; please notify Kim DiPierro at kimdipierro@comcast.net as soon as possible. Please check your e-mail frequently. Thank you.

Student:

I agree that I will follow the rules of the Jr. CYO, respect chaperones, and adult advisors, and always have a kind and respectful attitude toward other members of the Jr. CYO. I further agree that I will participate in at least one of the service projects.

Signature: _____

Parent(s):

I give permission for my son/daughter to participate in St. John's Jr. CYO program. I acknowledge that I have read and understand the event rules (including the dress code). I understand there will be adult supervision and that I will be contacted in case of an emergency or unbecoming behavior. **I agree to participate in at least one (1) activity, and that I will be contacted by e-mail to confirm my participation prior to any events.** I understand that, if the necessary number of chaperones is not available 24 hours prior to an event, that event will be cancelled.

Signature: _____