# 2024-2025 St Joseph Catholic Church Youth Ministry

# **Registration Grades 6-12**

Family Last Name:		Our family is registered at: • St Joseph Catholic Church	
			er church:
Mailing Address:		City, State:	Zip code:
Primary Phone:		Email Address(es):	
Father's Last Name:	Father's First Name:	Father's Cell #:  Text: Yes No	Religion:
Mother's Last Name: <b>REQUIRED</b> – Emergency Con	Mother's First Name: Itact other than parents	Mother's Cell #:  Text: Yes No s: (Name/Rela	Religion: tionship/Phone #)
Child(ren) live with: <ul> <li>Both Parents</li> <li>Mother</li> <li>Father</li> <li>Legal Guardian(s)/Other</li> </ul>			
If mailings and information sl listed above, please specify:	nould be sent to anothe	er address in a	ddition to the one

Please provide the information below for <u>each child</u> to be enrolled in Youth Ministry.			
First Child's Last Name:	First Name:	Nickname:	Middle Name:
Date of Birth:	Δ <i>α</i> ο·	Gender:	T-Shirt Size:
	Age:	o Male	1-31111 3126.
		<ul> <li>Female</li> </ul>	
School and Grade your child will be enterir	ng fall 2024:		
	C		
My child has celebrated the following Sacra	ments:		
<ul> <li>Baptism (date, parish, city, state)</li> </ul>			
$\circ$ First Communion (date, parish, city, s	etata)		
	itate)		
$\circ~$ Confirmation (date, parish, city, state	)		
Please list any health, physical, or educatio	nal needs you	ir child may have	9:
Second Child's Last Name:	First Name:	Nickname:	Middle Name:
Date of Birth:	Age:	Gender:	T-Shirt Size:
		<ul> <li>Male</li> </ul>	
		o Female	
School and Grade your child will be entering	ng fall 2024:		
My child has celebrated the following			
Sacraments:			
<ul> <li>Baptism (date, parish, city, state)</li> </ul>			

	First Communion (date, parish, city, state)			
	Confirmation (date, parish, city, state)			
Please	list any health, physical, or educatio	nal needs you	ır child may have	e:
Third C	Child's Last Name:	First Name:	Nickname:	Middle Name:
Date of	f Birth:	Age:	Gender: o Male o Female	T-Shirt Size:
Schoo	<b>l and Grade</b> your child will be enterir	ng fall 2024:		
-	ld has celebrated the following			
Sacran				
0 E	3aptism (date, parish, city, state)			
	First Communion (date, parish, city, state)			
	Confirmation (date, parish, city, state)			
Please	list any health, physical, or educatio	nal needs you	ir child may have	e:

# Communication: (Check the following that apply)

\_\_\_\_\_ I give permission for my teen(s) to communicate via text message with the youth minister. \*No communication will happen past 9pm.

\_\_\_\_\_ I DO NOT give permission for text message communication between my teen and the youth minister.

\_\_\_\_\_ I give permission for my child(ren) to be photographed. (pictures in the bulletin/parish website/social media)

\_\_\_\_ I DO NOT give permission for any pictures to be posted showing my child's image.

# Parent Volunteer: (Check the following that apply)

\_\_\_\_\_ I would like to sign up to bring dinner to the youth for a designated meeting date. Please include me on the sign-up genius link.

\_\_\_\_\_ I would like to volunteer as a helper during Wednesday night youth group meetings.

\_\_\_\_\_ I would like to volunteer as a helper during Sunday night youth group meetings.

\_\_\_\_\_ I would like to serve as a Core Team member that helps with planning or running weekly youth group meetings.

\_ I would like to help with planning fundraisers for the youth group.

\_\_\_\_ I would like to help organize youth group parties.

\_\_\_\_ I would like to help organize service projects or activities for the youth group.

\_\_\_ I would like to serve as a chaperone for field trips, mission trips, or conferences.

Other ways I would like to serve:

## 2024-2025 Discipline Policy for Youth Ministry

The purpose of good classroom management is to provide an environment conducive to learning and experiencing our Faith. Catechists have the right to teach, and students have the right to learn. An extremely disruptive student interrupts the learning experience and upsets the classroom dynamic. **Please carefully read the rules and discipline policy below.** 

# Students are expected to abide by these rules:

- 1. Follow the rules the catechists and students have come up with or agreed upon in youth group.
- 2. Everyone deserves to be treated with dignity. Show respect with your words and actions to everyone around you.
- 3. Kindness and respect are expected from all our students. Interactions between students and their peers as well as adults in charge should be kept appropriate. Personal space should be acknowledged.
- 4. We are a tech free campus. While students are in youth ministry phones/earbuds/etc. are expected to be put away in the designated location upon entering. This allows students to engage with their peers and fully participate in our program.

**Our policy in handling disruptive students is as follows:** First, the youth minister will discuss the situation with the student; on the second occurrence, the student will be removed from the group with a chaperone, and a parent will be asked to pick them up. Should a student consistently be disruptive and/or use inappropriate language/behavior, the student will be temporarily removed from the youth group program until a meeting between the parent(s) and the youth minister can be arranged.

# I have read and agree to the following Parish Discipline Policy.

Student(s) Signature(s):

	Date:
Parent(s) Signature(s):	
	Date:

### 2024-2025 Liability Release for Activities and Sports/Games

Liability Release: In consideration of St Joseph Catholic Church arranging for activities and games/sports during or after regular meeting times in the 2024-2025 school year, the undersigned parent of above minor(s), hereby releases and agrees to hold harmless the Diocese of Charleston, St Joseph Catholic Church or any of its staff, volunteers, chaperones, or persons connected with the activity from liability, claims, or damages for personal injury, property loss, or other damage which may result during the event.

The undersigned hereby agrees to abide by the rules established.		
Student #1:	Date:	
Student #2:	Date:	
Student #3:	Date:	

## Parent(s)/Guardian Signature(s):

 Date:	
Date	

#### 2024-2025 Medical Information

Family Doctor:	Phone Number:	
Health Insurance Provider:		
Policy Number:		
Allergies / Special Medical Conditions:		

As a parent/legal guardian for the child listed on this form, I hereby give permission for him/her to participate in the youth ministry activities indicated. I agree not to hold Saint Joseph Church, the youth group, their employees or volunteers responsible for any injuries or illness which may occur while participating in or traveling to and from the activity. I further give my permission for emergency medical treatment to be administered to my child if it is deemed necessary by those in charge and a medical doctor.

Parent/Guardian Signature (REQUIRED)	Date:
--------------------------------------	-------

## CODE OF CONDUCT

The following are a few rules all participants are expected to follow while participating and representing <u>St Joseph Catholic Church</u> in all events sponsored by the <u>St Joseph Catholic</u> <u>Church Youth Group</u>.

## Please read and sign.

١,	I,, will:
	,,

(Printed Name of Youth Participant)

• Treat all other persons with respect and not cause any intentional harm (physically, emotionally, or spiritually) to any person in any way.

- Respect the property of others, including all program facilities and property.
- Follow all appropriate instructions of all personnel aiding in this event, including, but not limited to, chaperones, support staff, transportation personnel and administration.
- Be on time for all check-in and departure times.
- Not have in my possession any tobacco, alcohol or any controlled illegal substance.

I agree that if any of these terms are violated, the Parish/School can send the participant home at the participant/guardian's expense.

(Youth Participant Signature)

(Date)

(Parent/Guardian Signature)

(Date)