

Youth Ministry 2010/2011 Registration
Roncalli Newman Parish, 1732 State St., La Crosse, WI 54601

PARENT/GUARDIAN (S):

Date: _____
(Deadline: Monday August 2nd)

Father's Name (First/Last) _____

Mother's Name (First/Last) _____

Has your contact information changed in the last 6 months? ____Y ____N (if yes please include the correct address and phone number below)

CHILDREN: (Grades 9-12)

Name (First/Last)	Gender	Age	Grade (in Fall)	School
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Son or Daughter's E-Mail: _____
(in order to send them email reminders)

Son or Daughter's Cell Phone # _____
(if you would like them to receive text message reminders from Kristin)

Please fill out a Comprehensive Medical Release & Permission Slip REQUIRED by the Diocese La Crosse for each child.

Please enclose the \$25.00 activity fee. All are welcome please contact the Parish should you need assistance

****Your child is NOT registered until both forms are completed AND the \$25 fee is paid****

**For questions please call or email Kristin Johnson 784-4994
kjohnson2@charterinternet.com**