



St. Thomas More
High School Youth Group

OFFICE USE ONLY:
 REGISTRATION NUMBER: _____
 DATE RECEIVED: _____
 NOTATIONS: _____

Registration Form 2017-2018 for High School Youth Group on Sunday Evenings from 7:00 - 8:15 p.m.
 St. Thomas More, 4580 Adams Road, Troy, MI 48098 • 248-647-4680 ext 1 • FAX: 248-647-8192 • julie@stmoffice.com • website: stthomasmoretroy.org
 Office hours: Mon – Fri 9 a.m. - 5 p.m. Closed for lunch 12:30 - 1:00 p.m.

FAMILY INFORMATION: ARE YOU REGISTERED PARISHIONERS AT ST. THOMAS MORE? YES ___ NO ___ IF NOT, ARE YOU INTERESTED IN JOINING ST. THOMAS MORE? YES ___ NO ___

FAMILY NAME _____ FATHER'S NAME _____ MOTHER'S FIRST & MAIDEN NAMES _____

STREET ADDRESS _____ CITY _____ ZIP _____

BEST PHONE NUMBER TO REACH YOU: _____ FATHER'S CELL PHONE _____ MOTHER'S CELL PHONE _____

Please note that your email address is very important as it is our main means to keep you updated. If this email is different than the one that you want used for communications from the St. Thomas More parish office, please let us know.

PRIMARY EMAIL: _____ ADDITIONAL EMAIL: _____

COMPLETE IF APPLICABLE: CHILDREN LIVE WITH FATHER ___ MOTHER ___ STEPPARENT NAME(S): _____

EMERGENCY CONTACT [other than parents] _____ PHONE _____ RELATIONSHIP TO CHILD _____

OPPORTUNITIES FOR PARTICIPATION AT MASS FOR YOUR CHILD(REN):
 ARE YOU INTERESTED IN INFORMATION ABOUT ALTAR SERVING? YES ___ NO ___ ARE YOU INTERESTED IN INFORMATION ABOUT THE YOUTH CHOIR? YES ___ NO ___

REGISTRATION FOR HIGH SCHOOL YOUTH GROUP (GRADES 9 – 12)

STUDENT'S FIRST NAME	STUDENT'S LAST NAME	GENDER	BIRTH DATE	GRADE IN SEPT.	SCHOOL ATTENDING	STUDENT OR PARENT EMAIL ADDRESS
_____	_____	___	_____	_____	_____	_____
_____	_____	___	_____	_____	_____	_____
_____	_____	___	_____	_____	_____	_____

PLEASE LET US KNOW OF ANY SPECIAL NEEDS, ALLERGIES, OR ANYTHING ELSE RELATING TO YOUR CHILD THAT WE SHOULD BE AWARE OF: _____

PLEASE FILL OUT BOTH SIDES OF THIS REGISTRATION FORM

PHOTOGRAPH / VIDEO PERMISSION

I give permission for my child(ren) to be photographed during the St. Thomas More 2017-2018 Faith Formation school year for not-for-profit community relations use, such as in the St. Thomas More bulletin and website. Last names of children will NOT be included in such use, publications, or presentations.

Parent Signature: _____

Date: _____

MEDICAL CONSENT FORM

The Archdiocese of Detroit requires that we have a medical consent form on file for each student. Please fill out the attached Medical Consent Form for each child that you are registering in our program. Additional forms are available on our website stthomasmoretroy.org and from the Faith Formation Office.

YOUTH GROUP TUITION: \$40 per student

PLEASE MAKE CHECKS PAYABLE TO ST. THOMAS MORE

TUITION DUE \$ _____

~~~~~  
AMOUNT ENCLOSED \$ \_\_\_\_\_

BALANCE DUE \$ \_\_\_\_\_

**Save the Date!!!**  
**Youth Group Fall Retreat**  
For students who will be in 9th through 12th grades  
in September 2017.  
**Sunday, September 24th**  
**2:00-7:00pm**  
**at St. Thomas More**  
More info to follow.

**PLEASE FILL OUT BOTH SIDES OF THIS REGISTRATION FORM**