

Do not let anyone look down on you because you are YOUNG but set an example for the believers in SPEECH, in LIFE, in LOVE, in FAITH, and in PURITY. ~1 Timothy 4:12

St. Joan of Arc High School Ministry:



INSPIRING MY PEERS AS CATHOLIC TEENS

“My Dear Young People, the Church needs genuine witnesses for the new evangelization: young men and women whose lives have been transformed by meeting with Jesus, men and women who are capable of communicating this experience to others. The Church needs saints. All are called to holiness, and holy people alone can renew humanity.” (Pope John Paul II)

We as Church, as Catholics, are being charged with making an impact in our world.

Together we can bring about a bright and peaceful future by catching the vision Christ has set forth for us. Together with family, friends and a strong faith formation, we can continue our faith journey with hope, justice and peace.

The High School Youth Ministry Formation Sessions will be held regularly on the scheduled Sundays, beginning on August 31, 2014 from 7:15pm to 9:00pm in Rm. 22 at the Parish Center.



Registration Form

IMPACT High School Youth Ministry 2014-2015



Student Name _____
(Last) (First) (Middle)
Address _____ City _____ Zip _____
Telephone (Home) _____ (Cell) _____ (Work) _____
Student E-Mail _____ Facebook: Y or N Date of Birth _____
High School you attend _____ Grade in Fall of 2014 _____
Parent(s)/Guardian(s) Name(s) _____
Parent(s)/Guardian(s) Email: _____

Sacraments Received

BAPTISM _____ Y or N _____
EUCHARIST _____ Y or N _____
CONFIRMATION _____ Y or N _____

Media Permission/Opt Out Form

St. Joan of Arc Youth Ministry Office may produce or participate in videotape, Internet (i.e. Website), digital or still photograph productions that may involve the use of students' names, likenesses, or voices. Such productions may be used for the educational and/or Youth Ministry marketing purposes and may be copied or copyrighted with St. Joan of Arc Youth Ministry retaining any and all rights to such productions.

Parents/guardians have the right to object to the use of the child's/children's name, picture, or voice in these media venues. Pictures may be published via electronic, video, auditory, print, and any other media accessible by the public (including said School/Parish/Diocese; bulletins, newspapers, websites, and other print publications).

Please sign either the "***Permission Denied***" or the "***Permission Granted***" space below.

Sign Only 1

Permission Granted: _____
(Signature of Parent/Guardian)

Permission Denied: _____
(Signature of Parent/Guardian)

(Please complete the back side)

Medical Permission

I grant permission for the administration of first aid to _____
(Fill in name of teen)

by the people in charge of the event and/or trip, and those transporting my teen to and from the program as their judgment deems advisable, and to make the necessary referrals to qualified physicians for treatment of illness or accident of a more serious nature. I understand I will be promptly notified in the event of any serious illness or accident and prior to any major surgery, except when delay in such communication would endanger life. In case of medical emergency, I understand that every effort will be made to contact the parent/guardian of the participant. In the event that I cannot be reached, I hereby give permission to the physicians selected by the adult staff to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery, if deemed necessary for my teen.

Allergic to medication/other? NO _____ YES _____ WHAT: _____

Insurance Information

Policy in the name of: _____

Insurance Company: _____

Policy Number: _____

Identification Number and/or Social Security Number: _____

Authorized Physician: _____ Phone: () _____

Emergency Phone: () _____

Signature of Parent/Guardian: _____ Date: _____

IMPACT Yearly Tuition (per student):

\$50.00 for **ONE** _____ \$75.00 for **TWO** _____ \$90.00 for **THREE** or **MORE** _____
(Checks should be made payable to: *SJA Youth Ministry*)

(If you are not able to pay the above tuition amounts, please check one of the boxes below)

I cannot financially afford the above amounts but can honestly afford: _____

I cannot financially afford any amount at this time

Please return the Registration Form and Tuition Fee on or before Sunday, Sept. 7th to the
Youth Ministry Office in the Parish Center at:

St. Joan of Arc Church
820 Division Street
Lisle, IL 60532

Attention: Youth Ministry Office

If you have any questions, please email or call:
Mr. Alex Gervacio, Director, Office of Youth Ministry, at (630) 353-4569 or agervacio@sjalisle.org.