

# Holy Family Youth Ministry Registration Form

Please complete the form and send it back to:

Holy Family Church  
Attn: Bridget Lockwood  
83 Clove Road  
New Rochelle, NY 10801

**CHILD'S NAME:** \_\_\_\_\_ **D.O.B.** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**SCHOOL:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_

**CHILD'S EMAIL:** \_\_\_\_\_

**PARENT(S) NAME:** \_\_\_\_\_

**ADDRESS (if different)** \_\_\_\_\_  
\_\_\_\_\_

**PARENT(S) PHONE NUMBER:** \_\_\_\_\_

**PARENT(S) EMAIL:** \_\_\_\_\_

**PARENT(S) SIGNATURE** \_\_\_\_\_

**PLEASE ENCLOSE THE REGISTRATION FEE of \$10.00**