



Epiphany Jr. Youth Group

Registration Form



When: 2nd & 4th Thursdays of each month (Oct 11th-Jun 13th)
6:30pm - 8:00pm

Where: The Church of Epiphany All-Purpose Room
615 Thiele Rd, Brick, NJ

Membership Fee: \$10 per year

Student Name: _____ Grade _____

I, _____, give my child permission to participate in meetings and events hosted by and for The Epiphany Junior Youth Group throughout the 2018-2019 school year.

Parent Signature: _____ Date: _____

CONTACT INFORMATION:

Contact 1: _____ Relationship to child: _____

Phone Number: _____ E-mail Address: _____

Contact 2: _____ Relationship to child: _____

Phone Number: _____ E-mail Address: _____

If there is any important information (including any food allergies) that we should know about the student listed above, kindly include it here:

Please check the box if you can donate snack for an upcoming meeting.

*A snack donation schedule will be sent out after the first meeting.

Please return this form and their \$10 Membership Fee whenever your child attends their 1st meeting.

Membership Fee Paid Date: _____ cash _____ check # _____