



**St Joseph the Worker
High School Registration**

Registration Fee: \$20
Financial Assistance available

Teen Information

First Name _____ Last Name _____

Address: _____ Unit# _____ City _____ Zip _____

Birthdate Month _____ Day _____ Year _____ Grade: 9 10 11 12 High School: _____

Home Phone: _____ Teen's Cell: _____

Teen's Email _____

Do we have permission to text your teen? Yes___ No___ Do we have permission to email your teen? Yes___ No___

By initialing _____ I **DO NOT** give permission for photos of my teen taken during Youth Events to be published

T-SHIRT SIZE (adult sizes only): Small Medium Large XLarge XXLarge

Parent Information

Most correspondence is done via email so please clearly write your email address.

Family Last Name (if different from your child's) _____

Mother's Name _____ Mother's Cell _____

Mother's Email: _____

Father's Name _____ Father's Cell: _____

Father's Email: _____

EMERGENCY INFO

Emergency Contacts if unable to contact parents

1. Name _____ Phone _____

2. Name _____ Phone _____

Allergies _____

Medications _____

Medical Insurance _____ **Group or ID #** _____

Physician Name _____ Physician Phone _____

I authorize the Archdiocese of Portland and its representatives to use their judgment in determining emergency care and procedures for my child. I also understand and agree that the Archdiocese assumes no financial obligation for expenses incurred in carrying out emergency procedures and/or emergency transportation.

Parent Signature _____ Date _____

Office Use Only

Received by _____ **Amt Pd** _____ **Date Paid** _____ **Ck #** _____ **Cash** _____

Updated 8/24/2021