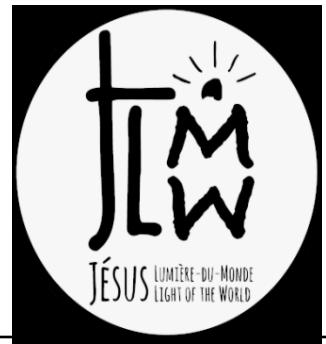




Jesus Light of the World Parish
REGISTRATION FORM
EFFATA (11-17 years old)
(PLEASE WRITE IN BLOCK LETTERS)



NAME OF THE YOUTH: _____

COMPLETE ADDRESS: _____ **POSTAL CODE:** _____

SCHOOL LEVEL ON SEPTEMBER 30, 20 _____ : _____ DATE OF BIRTH: (Date) _____ (Month) _____ (Year) _____

YOUTH'S EMAIL ADDRESS: _____

(Please Indicate Clearly)

NAME OF PARENTS: Name of the person responsible for the youth
Mother _____ Father _____

Mother: _____ Father: _____
Sister: _____ Sister: _____

Stepmother: _____ Steptfather: _____

PHONE NUMBER:

Mother: _____ Home: _____ Work: _____ E-mail: _____

Father: Home: _____ Work: _____ E-mail: _____

IN CASE OF EMERGENCY

Name: _____ Telephone: _____

Telephone: _____

Indicate if there is *another family member* to contact responsible for the youth:

(for the use of the parish)

Registration fee: (\$75.00) or (\$100.00 per family)

Payment by: E-transfer • administration@jesuslightoftheworld.ca **password:** *Effata* or by **Cash** •

If payment is to be paid at a later date, please indicate when: _____

If payment is to be paid at a later date, please indicate when: _____ Day _____ Month _____ Year _____

Documents Submitted: • Initials: _____

