



St. Patrick Parish  
**Jr. CYO / CYO Registration Form**

9 Pomeworth St.,  
 Stoneham MA 02180  
 (781) 438-0960



PLEASE NOTE: The term of membership in St. Patrick CYO is yearly, and runs from Sept 1<sup>st</sup> each year, until August 31<sup>st</sup> of the following year. Members must re-register each year in order to maintain active status. Thank you!

MEMBERSHIP TYPE:				FEES:			
<u>Jr. CYO</u>		<u>CYO</u>		<u>Dues: \$10</u>	cash	check	
Grades:		Grades:		\$5 Optional T-Shirt: S M L XL			
6	7	8	9	10	11	12	

- Please circle grade -

- Checks payable to St. Patrick Parish -

**MEMBER INFORMATION** (no parent info here, please): (fill in all sections you can)

**FIRST NAME:** \_\_\_\_\_

**Home Phone:** ( ) \_\_\_\_\_

**MIDDLE NAME:** \_\_\_\_\_

**Cell Phone:** ( ) \_\_\_\_\_

**LAST NAME:** \_\_\_\_\_

**Beeper:** ( ) \_\_\_\_\_

**Preferred Name:** \_\_\_\_\_

**Fax:** ( ) \_\_\_\_\_

**Birthdate:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**School:** \_\_\_\_\_

**Work Phone:** ( ) \_\_\_\_\_

**Grade:** \_\_\_\_\_

**Work Place:** \_\_\_\_\_

**Came to CYO with:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

**Baptized?: (please circle) Yes No** \_\_\_\_\_

**Emergency Phone:** ( ) \_\_\_\_\_

**Confirmed?: (please circle) Yes No** \_\_\_\_\_

**Allergies or Important Medical Info:** \_\_\_\_\_

**Gender: (please circle) Male Female** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Town:** \_\_\_\_\_

**State:** \_\_\_\_\_

**Zip:** \_\_\_\_\_

**SCHOOL CLUBS / ORGANIZATIONS:**

**FALL:** \_\_\_\_\_

**WINTER:** \_\_\_\_\_

**SPRING:** \_\_\_\_\_

**SCHOOL OR CLUB SPORTS:**

**FALL:** \_\_\_\_\_

**WINTER:** \_\_\_\_\_

**SPRING:** \_\_\_\_\_

**I'd be willing to assist the Co-Chairs (High School only) in planning and running activities in the following areas:  
(please check any areas that interest you):**

**SPIRITUAL:** \_\_\_\_\_ **SERVICE:** \_\_\_\_\_ **SOCIAL:** \_\_\_\_\_ **ATHLETIC:** \_\_\_\_\_

**PUBLICITY:** \_\_\_\_\_ **MAILINGS:** \_\_\_\_\_ **CYO WEB SITE:** \_\_\_\_\_

**I have the following goal for CYO or life in general:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**My strong traits are:**

**My areas that need improvement are:**



**PARENT INFORMATION:**

**Alternate Address Info (If applicable):**

**Mom's Name:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Mom's Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Dad's Name:** \_\_\_\_\_

**Town:** \_\_\_\_\_

**Dad's Email:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** (      ) \_\_\_\_\_

**Special Areas we (I) would like to learn more about, or assist with:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_