



SAINT JOHN BOSCO PARISH

ELEMENTARY YOUTH GROUP REGISTRATION FORM

Student Name: _____ Age: _____

Grade: _____ School: _____

Address: _____

Phone Number: _____

Email (very important!!!): _____

Parent/Guardian Name(s): _____

Parent Phone Number: _____

Parent Email: _____

**WELCOME TO THE
ST. JOHN BOSCO ELEMENTARY YOUTH GROUP!**