- EACH FAMILY RECEIVES K4J MUSIC CD
- HOME CLUBS INCLUDE:
  - NINE CLUB MISSIONS
  - MONTHLY ON-LINE MISSION PACKS
- AFTER SCHOOL CLUBS INCLUDE:
  - NINE AFTER SCHOOL MISSIONS
  - MONTHLY K4J MISSION PACKS
- K4J CAPTAINS (6^{TH} – 8^{TH} GRADERS) EARN SERVICE HOURS (NO REG. FEE)

REGISTRATION 2016-2017 SCHOOL YEAR

Parents' Name(s) _____ Street Address _____

City _____State ____Zip _____Home Phone _____Cell Phone _____ E-Mail _____How often do you check your e-mail? _____

Parish_____

What form of service would you consider (you may check more than one)?

1. Host or co-host a K4J Club at your home _____
2. Be a guide or co-facilitator at a K4J Club_____
3. Prepare a station each month for your club _____
4. Be a guide or co-facilitator for your kids' cohort in an after-school club _____

Friend Request: _____

K4J relies on volunteers in order to have the monthly missions. Strongly consider helping as a host, co-host, or guide in a home club or pairing up with another parent to host an after school club. We offer support and assistance to new volunteers. Note: Next year there will be a 3rd grade afterschool club, since we have the minimum two volunteers needed.

K4J Child's Name	Age	Sex	Grade ('16-17')	Birth date	T-Shirt Size (optional) Please, circle.
_____	____	___	___	___/ ___/ ___	S M L Youth Adult
_____	____	___	___	___/ ___/ ___	S M L Youth Adult
_____	____	___	___	___/ ___/ ___	S M L Youth Adult
_____	____	___	___	___/ ___/ ___	S M L Youth Adult
_____	____	___	___	___/___/___	S M L Youth Adult

Annual Registration Fees	**Regular Fee**	**Early Bird Discount (if registered by Fri, 9/1/2016)**	
First Child Enrolled	__1____X $49.90	___1___x $44.90	$_____
Additional Children	_____X $34.95	_____x $29.95	$_____
Number to T-Shirts (Optional)	_____X $5.00	_____x $5.00	($_____)

Additional K4J Mission CD $10.00 _____ X $10 – 1 CD is included with registration $

Optional Donation to the K4J Scholarship Fund (for families unable to pay some or all of fee) ($_____)

Payment Options: Pay balance now ____ Deferred payment (until August) ___

Request full scholarship ____ Request partial scholarship ____ (What amount could you pay?_____)

Cash / Check Number _____Date ___/ ___/ ___ TOTAL $ _____

Make checks payable to Blessed Sacrament K4J. Please complete the registration form and return to the Blessed Sacrament school office by 9/1/16. Please contact Nikki Parks at nikkiparks03@gmail.com with questions.