

QUEEN OF PEACE

CYO JUNIOR YOUTH GROUP

The Queen of Peace CYO Youth Group is open to any child from Queen of Peace Grammar School, Queen of Peace CCD and Our Lady of Mount Carmel in Lyndhurst. The Queen of Peace CYO Youth Group is first and foremost a Church ministry reaching out to all youth of our Parish. The mission of the Youth Group is to meet the needs of the children through Spiritual and Social events. The Youth Group will meet regularly in the LaSalle Center and will include planned programs, movie nights, game nights, trips and dances.

The CYO youth group moderator is Fr. Scott Attanasio. Volunteer parents supervise and oversee the youth group planned programs.

If you are interested in being part of the Youth Group and receiving any updated information, please fill out the attached CYO Youth Group form. Please send the completed form to Fr. Scott at the Rectory.

Any questions or suggestions, please call or e-mail Fr. Scott at 201-997-0700 or sctFRSCOTT@aol.com.

QUEEN OF PEACE CYO YOUTH GROUP RULES

1. The Queen of Peace CYO Youth Group is open to any Queen of Peace Grammar School Student, any Queen of Peace CCD Student and any Our Lady of Mount Carmel CCD Student.
2. All registration forms must be filled out by the child and his/her parent or guardian prior to the child participating in any event.
3. All CYO fees must be paid before a child can participate in any CYO activity.
4. Any child found to be either verbally or physically abusive or threatening physical abuse to another child or adult at any CYO event will be dismissed from the CYO program.
5. Children must be dressed appropriately.
6. Permission slips must be filled out and signed by a parent prior to a member attending any CYO event.
7. Any infraction of these rules will result in dismissal from all CYO programs.

CYO YOUTH GROUP
MEMBERSHIP FORM

NAME: _____

AGE: _____ DATE OF BIRTH: _____

GRADE: _____ SCHOOL: _____

PARENT/GUARDIAN: _____

ADDRESS: _____

PHONE NUMBER DAY: _____

EVENING: _____

CELL PHONE NUMBER: _____

E-MAIL ADDRESS: _____

IF PARENT IS NOT AVAILABLE IN AN EMERGENCY PLEASE
NOTIFY:

1. _____

Name

Phone

Relationship

DOES YOUR CHILD HAVE ANY MEDICAL PROBLEMS OR
ALLERGIES?

YES _____

NO _____

IF YES PLEASE EXPLAIN: _____

PARENT SIGNATURE: _____