



2022 ZOAM Youth Connection (YC)
Religion Class Registration Form

Family's last name: _____

Children's first name & age _____
(Under 18*) _____

Address: _____

Phone #: _____ Email address: _____

Mother's first name: _____ Cell phone #: _____

Father's first name: _____ Cell phone #: _____

Are you a member of ZAOM _____ (yes/no)

Cost:

ZAOM members:

Per student \$ 20.00

Per Family (two or more students) \$ 30.00

Non-ZAOM members:

\$ 40 per student \$ _____

Total (ZAOM members add total amount to membership form & write 1 check) \$ _____

For non-ZAOM members, please make checks payable to ZAOM and mail with form to:
ZAOM Treasurer: Roxane Chinoy, 28881 Nottoway Drive, Farmington Hills, MI 48331

I GIVE permission for my child/children's **name, photograph or work** to appear on ZAOM's website, zaom.org, newsletter and **any other materials including but not limited to** fundraising brochures etc.

I will note the class dates and support them: _____
Parent signature and date

**High School Children who are older than 18 years are eligible*