

Eligibility Committee				
To:	Pastor			
From:	Chairperson, CYO Eligibil	ity Committee		
Subject:	Parish Registration			
•	• •	have applied to participate in your parish's CYO program ctive registered members of your parish. d like to confirm parish registration to those listed below based attend) Faith Formation in your parish for at least <i>two years</i> acceives the Sacraments in your parish for at least <i>two years</i> and		
CYO of Long Island would like to confirm parish registration to those listed below based on the following criteria.				
The child(ren) attends (attend) Faith Formation in your parish for at least two years The child(ren)'s family receives the Sacraments in your parish The child(ren)'s family has been registered in your parish for at least two years and regularly contributes to the support of the parish.				
Child's Nam	e Scho	ool/Grade	Meets Criteria Y/N	
considered a	you please verify each chi ctive in your parish for CY the above children and th	O waiver purposes.	Your signature below will	

Date