

St. Joseph's Church - Faith Formation

Registration 2020-2021

Today's Date: _____ Please be sure to complete the form thoroughly and to Print Clearly.

PARENT/GUARDIAN INFORMATION PAGE

	<u>MOTHER/Legal Guardian</u>	<u>FATHER/Legal Guardian</u>
First Name		
Last Name		
Address	Address: _____ Apt.#: _____ City: _____ State: _____ Zip: _____	Address: _____ Apt.#: _____ City: _____ State: _____ Zip: _____
Home Phone	(____)____-_____	(____)____-_____
Cell Phone	(____)____-_____	(____)____-_____
Work Phone	(____)____-_____	(____)____-_____
E-mail	_____ <i>(Please note this will be used for reminders and important communication.)</i>	_____ <i>(It will not be distributed to any organizations, etc.)</i>
Occupation		
Religion		

EMERGENCY CONTACT ~ If parent is not available contact:

Name: _____ Relationship to Child: _____

Phone number: (____)____-_____

Sunday Session A 8:15 am – 9:45 am _____

Sunday Session C 11:45 am – 1:15pm _____

Tuesday Session 6:30pm -8:00pm _____

Home School Option Grades 1 – 8 _____

Presentation to Parents in English

Presentation to Parents in Spanish

Presentation to Parents in English

Weekly Assessment via email English / Spanish

The Faith Formation program fee is due in full by the September Session 2020. Faith Formation Fees: \$125.00 per child, \$ 180.00 for 2 Children, \$210.00 for 3 Children A Deposit of \$25 is required at Registration

Payment Information: *For office only*

Payment in FULL: Amount _____ Date rec'd _____ Cash Check Number _____

DEPOSIT: Amount _____ Date rec'd _____ Cash Check Number _____

CHILD'S INFORMATION PAGE (Please Print Clearly)



You must provide a copy of child's Baptismal Certificate.

	Child 1	Child 2	Child 3
First Name			
Last Name			
Date of Birth			
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Grade			
School Attending			
<u>Sacraments Received: (Please check if received and complete information.)</u>			
<input type="checkbox"/> *Baptism	Church: _____ Town: _____ Date: _____	Church: _____	Church: _____ Town: _____ Date: _____
<input type="checkbox"/> First Communion	Church: _____ Town: _____ Date: _____	Church: _____	Church: _____ Town: _____ Date: _____

ALLERGIES, SPECIAL NEEDS, LEARNING DISABILITIES, Etc.

Please note that any information you provide to us will be kept confidential and disclosed only to your child's catechist for the purpose of making this learning environment as comfortable and effective for your child.

Please note any allergies: Child's Name _____ Allergies: _____

Do any of your children have any special needs or learning disabilities (e.g. ADHD, etc.)? Yes No

Please explain: _____

PERMISSIONS and PARENT ACKNOWLEDGEMENT OF RESPONSIBILITIES

Please read this section carefully and sign or initial where necessary.

Photography: Occasionally pictures are taken of the children during special classes, events or services. These pictures are primarily used locally (e.g. on our bulletin boards, etc.) However, we may occasionally post a picture on our parish website and social media page.

_____ I give permission for my child to be photographed. _____ I do not want my child photographed.

Dismissal: No child is permitted to walk home alone or with a minor (i.e. an older sibling) unless written permission is granted.

If your child will regularly be picked up by someone other than a parent, please provide the following information:

Name _____ BEST Phone# _____ Relationship to child _____

_____ I give permission for my child to walk home alone at dismissal.

_____ I give permission for my child to be picked up by a minor.

Print Minor's name _____ Relationship to your child _____

Signature: _____ Date: _____