

# GRADES K-10 RELIGIOUS EDUCATION REGISTRATION FORM – 2021-2022

Family Last Name \_\_\_\_\_ Home Phone No. \_\_\_\_\_

Address \_\_\_\_\_ Cell No. \_\_\_\_\_

City, State & Zip \_\_\_\_\_ E-mail \_\_\_\_\_

Mother's Name \_\_\_\_\_  
   First  Last  Maiden  Religion  Parish/Church

Mother's e-mail \_\_\_\_\_

Father's Name \_\_\_\_\_  
   First  Last  Religion  Parish/Church

Father's e-mail \_\_\_\_\_

**Student(s) registering:** 21-22

Name \_\_\_\_\_  
                         First  Last  Birth date  Grade  School

Name \_\_\_\_\_  
                         First  Last  Birth date  Grade  School

Name \_\_\_\_\_  
                         First  Last  Birth date  Grade  School

Name \_\_\_\_\_  
                         First  Last  Birth date  Grade  School

Name \_\_\_\_\_  
                         First  Last  Birth date  Grade  School

\*CHILD(REN)'s Sacrament Info: If received, enter **Parish NAME & DATE** (if not known, approximate date)

BAPTISM	RECONCILIATION	EUCHARIST	CONFIRMATION

**\*If a child was NOT baptized at St. Joseph Parish, please provide a copy of the Baptismal Certificate.**

Child(ren) live with: **Both parents**

**Mother:** Custody  100%  50%      **Father:** Custody  100%  50%      **Grandparents:** Custody  100%  50%

If children do not live with both parents, does the non-custodial parent have permission to pick up the child?  Yes       No

Should the non-custodial parent be kept informed of all activities of the Religious Education Program?  Yes       No      (If Yes, provide address)

Is this by mutual agreement or court order?  
 Agreement       Court order

**(over)**

\_\_\_\_\_

**Emergency Contact:**

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Phone No. \_\_\_\_\_ or \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Phone No. \_\_\_\_\_ or \_\_\_\_\_

Please detail any special information or health problems regarding each of the students registering at the bottom of this page. This would include: physical needs, learning needs, reading or writing difficulties, allergies (drugs, food, environment, etc.). This information will be kept strictly confidential; it is for Religious Education use only.

**Individual Child's Information**

**Child's Name:** \_\_\_\_\_

Describe any physical needs \_\_\_\_\_

that might impact learning: \_\_\_\_\_

Describe any identified \_\_\_\_\_

learning needs: \_\_\_\_\_

Please list any allergies: \_\_\_\_\_

Please list any medications \_\_\_\_\_

that this child takes regularly \_\_\_\_\_

**Child's Name:** \_\_\_\_\_

Describe any physical needs \_\_\_\_\_

that might impact learning: \_\_\_\_\_

Describe any identified \_\_\_\_\_

learning needs: \_\_\_\_\_

Please list any allergies: \_\_\_\_\_

Please list any medications \_\_\_\_\_

that this child takes regularly \_\_\_\_\_

**Tuition: \$30 for a single child; \$50 per family (regardless of number of children)**

**Please make check payable to: St. Joseph Religious Ed.**

**No one** will be denied participation because of financial difficulties. In such cases, parents should contact the Director of Religious Education. All such cases are kept in the strictest confidence.

**DO NOT WRITE BELOW – FOR OFFICE USE ONLY**

Child(ren)'s Name \_\_\_\_\_ Grade(s) \_\_\_\_\_ Date Registered \_\_\_\_\_

Date Paid \_\_\_\_\_ Amount Paid \$ \_\_\_\_\_ Cash or Check \_\_\_\_\_  
(Circle one) (Check no.)