

St. Joseph and St. Mary Religious Education Program
Family Registration Form
 2024/25 school year

Please return all forms to the St. Joseph Church Office at 229 W. Washington Place by September 12, 2024.

Family Information	Last Name _____ Dad's Name _____ Mom's Name _____
	Street Address _____ City / Zip _____
	Home Phone _____ Dad's cell/work _____
	Mom's cell/work _____ Mom's Maiden Name _____
	Email address _____
	Children live with: <input type="checkbox"/> both parents <input type="checkbox"/> Mother <input type="checkbox"/> Father Guardian/relation _____
	If Guardian: Name _____ Phone _____

Please enter information for each child you are enrolling in the Religious Education Program.

New Families entering our parish Religious Education program: You will need to register **IN PERSON** at the RE Office. There is additional information you need to receive. Bring a copy of each child's baptismal certificate.

Returning Families registering a **New Student** into the R/E program: Send a copy of the child's **Baptismal Certificate** with the registration form.

Student Information	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Last Name (if different) First Name</th> <th style="text-align: center;">Gender M / F</th> <th style="text-align: center;">Birthdate mm/dd/yy</th> <th style="text-align: center;">2023/24</th> <th style="text-align: center;">Name of Public or Private School</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Last Name (if different) First Name	Gender M / F	Birthdate mm/dd/yy	2023/24	Name of Public or Private School																														
	Last Name (if different) First Name	Gender M / F	Birthdate mm/dd/yy	2023/24	Name of Public or Private School																															

Class Session	*We reserve the right to limit class size.*
	Please Check all that apply.
	_____ Sunday, 10:30 - 11:45am Holy Family Community Center...

Medical Concerns / Emergency Contact Info

Child's Name _____ Medical problems, allergies, learning disabilities _____

In case of medical emergency, I grant permission to the St. Joseph and St. Mary staff and volunteers to administer first aid and to secure proper treatment for my child(ren) until I can be reached.

Parent / Guardian Signature _____ Date _____

Emergency Contact Person if parents cannot be reached: Relationship _____
Name _____ Phone _____

Photo permission

____ I/We give permission to use pictures of our children in group photos for use in the bulletin, website and Facebook of St. Joseph and St. Mary Church.

Tuition & Fees

Tuition:	1 student	\$ 75.00	
	2 students	\$125.00	
	3+ students	\$150.00	\$ _____

First Communion Materials Fee \$25.00 per student \$ _____

Confirmation Materials Fee \$25.00 per student \$ _____

The Confirmation Material Fee is applicable only during the years of sacramental celebrations.

TOTAL AMOUNT DUE \$ _____

FULL PAYMENT IS DUE AT TIME OF REGISTRATION.

METHOD of PAYMENT

\$ _____ amount paid _____ Cash
_____ Check # _____ (make checks payable to St. Joseph Church)