



St. Joseph Religious Education (1-5)/ Faith First Registration 2006-2007

FAMILY NAME: _____

FATHER'S NAME: _____ RELIGION _____ Deceased
Last name First name

MOTHER'S NAME: _____ RELIGION _____ Deceased
Last name First name

ADDRESS: _____
Street City Zip

PHONE NUMBERS: _____
Home phone Father's Work number Mother's Work number

CELL PHONE: _____ / _____ E-MAIL: _____ / _____ / _____
Mom Dad Mom Dad Child

NAME OF CHILD	MALE / FEMALE	DATE OF BIRTH	SCHOOL	GRADE	FAMILY PROGRAM (twice a month): <i>Tuesday evening 6- 7:30 p.m.</i>	TRADITIONAL CLASS TIME: (weekly) <i>Wednesday 4:15 to 5:30 p.m.</i>

Please name the children who **HAVE NOT** received:

Baptism: _____

First Eucharist (grades 3 and up): _____

First Reconciliation (grade 3 and up): _____

Marital Status of Parents: Married Separated Divorced Single parent

CHILD(REN) LIVE WITH: Both original parents Mother only Father & Step-mom
 Grandparents Father only Mother & Step-dad Other

PERMISSION NEEDED. PLEASE CHECK ONE: You may / may not use my son's /daughter's photo on the parish website, bulletin boards, or on printed matter. *We do not include their names with their picture and photos mainly consist of group shots*

PLEASE CHECK ANY OF THE FOLLOWING THAT APPLY REGARDING YOUR CHILD:

- ADD OR ADHD Hearing Problems Reading Difficulties Serious allergies Diabetes
 Respiratory Problems On Medications None

Information the catechist should know: _____

Emergency Information: List the names of two people (friend or relative) we may call, if we could not reach you:

NAME: _____ RELATIONSHIP _____ PHONE _____

NAME: _____ RELATIONSHIP _____ PHONE _____

In case of an emergency my child(ren) _____ may be taken to _____ Hospital/Medical Center and receive emergency treatment. Physician's Name _____ Phone _____.

PARENT /GUARDIAN SIGNATURE: _____ **DATE:** _____

Payment Instructions:

The fee for *Faith First* (1-5) is \$45.00 per family regardless of the number of family members in Grades 1-5.

An additional \$20. is added to the \$45. for non-registered parishioners.

➔ Catechists for *Faith First* do not pay the religious ed fee for their children who are in the program (1-5).

➔ If financial assistance is needed for your child to attend *Faith First*, please contact Lorretta 265-8938. Scholarships/fee assistance are available.

NO CHILD WILL BE REFUSED FAITH FORMATION/RELIGIOUS EDUCATION DUE TO FINANCIAL LIMITATIONS.

FOR OFFICE USE ONLY:

Registered at St. Joseph Catholic Church: Yes No Other _____

Date Paid	Registration Fee	Amount Paid	Check Number	Cash	Balance Due
	45.00				

Fee waived: Catechist Scholarship/fee assistance

_____/_____
Signature / DRE / or Secretary Date