

REGISTRATION FORM FOR NEW STUDENTS

ST. JOSEPH'S RELIGIOUS EDUCATION PROGRAM 2016 - 2017

Child's Name _____ Grade _____ Age _____

Address _____

Phone _____ Emergency# _____ Cell: _____ Email: _____

Date of Birth _____ Place of Birth (City/State) _____

Father's Name _____ Religion _____

Mother's Name (include maiden) _____ Religion _____

Date of Baptism _____ Church Baptism _____

Address of Church: _____

(Proof of date of baptism is required for all new registrations photocopies are acceptable.)

Has this child received the following sacraments?

1. First Penance: Yes _____ No _____; if yes, when _____
where _____

2. First Eucharist: Yes _____ No _____; if yes, when _____
where _____

3. Confirmation: Yes _____ No _____; if yes, when _____
where _____

Are there any physical or learning disabilities or Allergies? Yes _____ No _____ if yes, please
explain: _____

Are you a registered member of St. Joseph's Parish? Yes _____ No _____ I am not a registered member but
would like to be.

I understand that I must be a registered, participating member of St. Joseph's Parish to have my child enrolled in these religious education classes. I understand that we parents are the primary teachers of our children especially by our lifestyle and example. I understand that my child is to attend Mass each Sunday and that this experience of weekly worship and fellowship is integral to his/her spiritual growth and well-being.

Parent's Signature

Fee: Before June 1st, \$30.00 per child \$60.00 per family

Fee: After June 1st, \$40.00 per child \$80.00 max per family

Fee: After August 1st, \$55.00 per child \$110.00 max per family

Paid: _____ Cash _____ Check

St. Joseph's Church Religious Education Program
Re-Registration Form 2016 - 2017

In order to adequately prepare for this year's Religious Education Program, we must know who will be returning to our program in September, 2016. We order books and supplies in bulk in accordance with the number of children pre-registered. The pre-registration fee is \$30.00 per child, \$60.00 max per family until June 1, 2016. Any registrations received after June 1, 2016 thru July 31, 2016 will be charged the regular fee of \$40.00 per child, \$80.00 max per family. Registrations received after August 1, 2016 will be charged the late registration fee of \$55.00 per child, \$110.00 max per family. If you would like your child enrolled in this year's program, please return this form with the appropriate fee.

Please mail it to:

St. Joseph's Parish Office,
CCD Registration,
309 Avenue F
Matamoras, PA 18336

or place it in the collection basket in a envelope clearly marked "CCD Registration".
Thank you.

DATE: _____

CHILD'S NAME: _____

ADDRESS: _____

PHONE: _____ CELL PHONE: _____ EMAIL: _____

If a Parent cannot be reached, please list an
EMERGENCY CONTACT AND PHONE NUMBER:

ALLERGIES, MEDICAL CONDITIONS, LEARNING DISABILITIES: ____yes ____no

If yes, please explain _____

PARENTS' NAMES: _____

THE ABOVE CHILD WILL BE ENTERING GRADE _____ IN THE 2016 – 2017
SCHOOL YEAR.

I understand that as a parent I am the primary teacher of my children especially by my lifestyle and example. I understand that my child is to attend Mass each Sunday and that this experience of weekly worship and fellowship is integral to his/her spiritual growth and well-being.

Parent's Signature

2016/2017 Paid by: ____Cash ____Check