

REGISTRATION FORM FOR NEW STUDENTS

ST. JOSEPH'S RELIGIOUS EDUCATION PROGRAM 2020 - 2021

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 or watch
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: \$25.00 per child

Paid: _____ Cash _____ Check

St. Joseph's Church Religious Education Program
Re-Registration Form 2020 – 2021

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 2020 – 2021
SCHOOL YEAR.

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 or watch 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: \$25.00 per child

Please mail it to:

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

2020/2021 Paid by: ____Cash ____Check