

**SAINT JOSEPH, HUSBAND OF MARY
FAITH FORMATION PROGRAM
PRE-K THROUGH 5TH or 6th GRADE
2019-2020 REGISTRATION**

Today's Date: _____

Parish Reg. #: _____

Family Last Name: _____

Family E-mail Address: _____

Child's Last Name (if different): _____

(circle one) Male/Female

Child's First & Middle Name: _____

Date and Place of Birth: _____

Baptism Date & Place	First Communion Date & Place	Confirmation Date & Place
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Home/Mailing Address: _____ Apt. # _____ Zip _____

To whom and with what title should mail be addressed? _____

Home Phone: _____ Mother's Work#: _____ Father's Work#: _____

Cell Phone's: Mother#: _____ Father Cell#: _____ Student Cell#: _____

Emergency Contact Name: _____ Relationship to Child: _____ Phone #: _____

Birth Father's Full Name: _____ Religion: _____

Sacraments Received: Baptism ___ Communion ___ Confirmation ___ Matrimony ___

Birth Mother's Full Name: _____ Maiden Name: _____ Religion: _____

Sacraments Received: Baptism ___ Communion ___ Confirmation ___ Matrimony ___

Step Mother's Name: _____ Phone: _____ Religion: _____

(If applicable)

Sacraments Received: Baptism ___ Communion ___ Confirmation ___ Matrimony ___

Step Father's Name: _____ Phone: _____ Religion: _____

(If applicable)

Sacraments Received: Baptism ___ Communion ___ Confirmation ___ Matrimony ___

If any parent is in need of one of the Sacraments of Initiation (Baptism, Communion, Confirmation) and would like information about preparation for themselves, please check here: _____ We would be happy to assist you!

Please check all that apply, child lives with:

2 parents at home ___	Mother Deceased ___	Father Deceased ___	Child(ren) with Mom ___	Child(ren) with Dad ___
*Divorced/Separated ___	Mom has remarried ___	Dad has remarried ___	Child(ren) with adult other than parent ___	

*Children of divorced parents must provide a copy of the court-certified custody section in the divorce decree. This is required to protect the custodial rights of the parent.

Does your child have any special Educational or Behavioral needs? Yes or No

Does your child have an IEP (Individual Education Plan) at school? Yes or No *If yes, please provide a copy of the modifications utilized in the classroom.*

Is your child adopted? Yes or No (If yes, adoption papers required)

What grade will your child be starting this September 2019: _____ What is your child's age: _____ School: _____

Does your child have allergies and/or take any prescribed medication? Yes or No

If yes, please describe: _____

Class Type:		
1st Preference	TUE / WED / THR	4:15-5:30pm / 5:45-7:00pm
2nd Preference	TUE / WED / THR	4:15-5:30pm / 5:45-7:00pm
3rd Preference	TUE / WED / THR	4:15-5:30pm / 5:45-7:00pm

Once classes begin, there will be no refunds!!

Parent/Guardian Signature: _____ If you are not the parent or guardian, you must have a Parent Consent Letter for registration into our Religious Education classes.

For Office Use Only

(CIRCLE ONE)	Pre-K (3)	Pre-K (4)	Pre-K (5)	K	1st Year Prep	2nd Year Prep	Formation
Baptismal Certificate: _____	Birth Certificate: _____	Custody Papers: _____	Adoption Papers: _____				
Class Day & Class Time: _____	Teacher: _____					Total Due: _____	
Class Type: _____					Payment: _____		
						Type: _____	
						Check #: _____	
						Balance: _____	
DATE REGESTIERED: _____ / _____ / _____							