

**SAINT JOSEPH, HUSBAND OF MARY
FAITH FORMATION PROGRAM
AGES 3 THROUGH 12
2021-2020 REGISTRATION**

Today's Date: _____

Parish Reg. #: _____

Family Last Name: _____

Family E-mail Address: _____

Child's Last Name (if different): _____

(please 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#: _____

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 ___

**If any parent is in need of one of the Sacraments of Initiation (Baptism, Communion, Confirmation) or a Marriage convalidation in the Catholic Church and would like some more information please check here: _____ We would be happy to assist you!*

Is your child adopted? Yes or No (If yes, adoption papers required) Step-Parent's Name (if applicable): _____

Please check all that apply, my 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.

Medical/Educational Needs:

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

If yes, please describe: _____

Name of Primary Physician: _____

Does your child have any special Educational or Behavioral needs? Yes or No (If yes, please describe)_____

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.)

What grade will your child be starting this September 2021: _____ What is your child's age: _____ School:_____

Class Time: (please mark 2 different choices)		
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:	_____	
Class Type:	_____	Online	_____	Hybrid	_____		
DATE REGESTIERED:	_____/_____/_____			Total Due:	_____		
				Payment:	_____		
				Type:	_____		
				Check #:	_____		
				Balance:	_____		