

**SAINT JOSEPH, HUSBAND OF MARY  
FAITH FORMATION PROGRAM  
PRE-K THROUGH 6<sup>th</sup> GRADE  
2020-2021 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#: \_\_\_\_\_ 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) or a Marriage Convalidation in the Catholic Church and would like some more information please check here: \_\_\_\_\_ We would be happy to assist you!*

*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.

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.)

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

What grade will your child be starting this September 2020: \_\_\_\_\_ 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: (please mark 3 choices)**

<b>1<sup>st</sup> Preference</b>	TUE / WED / THR	4:15-5:30pm / 5:45-7:00pm
<b>2<sup>nd</sup> Preference</b>	TUE / WED / THR	4:15-5:30pm / 5:45-7:00pm
<b>3<sup>rd</sup> Preference</b>	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	1 <sup>st</sup> Year Prep	2 <sup>nd</sup> Year Prep	Formation
Baptismal Certificate:	_____	Birth Certificate:	_____	Custody Papers:	_____	Adoption Papers:	_____
Class Day & Class Time:	_____	Teacher:	_____	Total Due:	_____	Payment:	_____
Class Type:	_____	Type:	_____	Check #:	_____	Balance:	_____
DATE REGESTIERED:	____/____/____						