

**SAINT JOSEPH, HUSBAND OF MARY
FAITH FORMATION PROGRAM
AGES 3 THROUGH 5th Grade
2022-2023 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: _____

Father's Sacraments Received: Baptism ___ Communion ___ Confirmation ___ Matrimony (in the Catholic Church) ___

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

Mother's Sacraments Received: Baptism ___ Communion ___ Confirmation ___ Matrimony (in the Catholic Church) ___

**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 fill in the following:

Does your child have allergies and/or take any prescribed medication? Yes or No If yes, please describe: _____

Primary Physician's Name: _____

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) Does child live with both parents? Yes or No

What grade will your child be starting this September 2022: _____ What is your child's age: _____ School: _____

Class Time: (please mark 2 different choices)		
1 st Preference	TUES / WED / THUR	4:15-5:30 PM / 5:45-7:00 PM
2 nd Preference	TUES / WED / THUR	4:15-5:30 PM / 5:45-7:00 PM
3 rd Preference	TUES / WED / THUR	4:15-5:30 PM / 5:45-7:00 PM

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**

Pre-K (3)	Pre-K (4)	Pre-K (5)	K	1 st Year Prep	2 nd Year Prep	Formation	RCIC
Baptismal Certificate: _____		Birth Certificate: _____		Custody Papers: _____		Adoption Papers: _____	
Class Day & Class Time: _____				Teacher: _____			
Class Type: __CGS__ CFF _____ Remote Learning _____							
DATE REGISTERED: _____ / _____ / _____							