

**SAINT JOSEPH, HUSBAND OF MARY  
FAITH FORMATION PROGRAM  
AGES 3 THROUGH 5<sup>th</sup> Grade  
2023-2024 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 <sup>st</sup> Preference	TUES / WED / THUR	4:15-5:30 PM / 5:45-7:00 PM
2 <sup>nd</sup> Preference	TUES / WED / THUR	4:15-5:30 PM / 5:45-7:00 PM
3 <sup>rd</sup> 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 <sup>st</sup> Year Prep	2 <sup>nd</sup> Year Prep	Formation	RCIC
Baptismal Certificate: _____	Birth Certificate: _____	Custody Papers: _____	Adoption Papers: _____				
Class Day & Class Time: _____				Teacher: _____			
Class Type: __CGS__ CFF _____							
DATE REGISTERED: _____ / _____ / _____				Payment Received _____ Cash ___ Check ___ Credit _____			