

2011—2012 REGISTRATION FOR ST. JOSEPH RELIGIOUS EDUCATION PROGRAMS (Please Print)

Registrant's Last Name _____ Mailing Address _____

PRIMARY CONTACT INFORMATION

Please list all numbers that apply.

FILL IN THE CIRCLE NEXT TO THE # YOU WISH TO DESIGNATE AS YOUR PRIMARY TELEPHONE CONTACT.

- Home _____
- Cell _____
- Work _____
- Other _____

 I give permission to be included on a telephone tree.

e-mail _____

EMERGENCY MEDICAL TREATMENT

In the event of an emergency, I hereby give permission to transport my child(ren) to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. If you are unable to reach me at the above numbers, contact::

Alternate Name _____

Phone Number _____

Relationship to Child _____

Family Doctor _____

Doctor's Phone _____

 Custodial Parent/Guardian Signature Date

Permission to Use Student Photos:

You have my permission to use student(s) photos for commercial purposes (ex: advertising an event in flyers, on the web, etc).

Initials _____

List ONLY those children whom you are enrolling.				● Sacraments Already Celebrated				X Sacrament Registration			For each child, X the column(s) corresponding to the programs(s) for which you are enrolling.													
				Baptism	Ist Rec.	Ist Comm.	Confirm.	Ist Rec.	Ist. Comm	Confirm.	CCD (grade)						TYME		High School					
First	Middle Initial	Last	M / F	Birth Date	School	●	●	●	●	X	X	X	1	2	3	4	5	6	7	8	9	10	11	12
						○	○	○	○															
						○	○	○	○															
						○	○	○	○															
						○	○	○	○															

List any medical or learning problems for above students. Also list any special placement requests/needs.

Family Status

	Father	Mother
Name		
Religion/ Church of Membership		
Occupation/Employer		
Additional contact Information		
Marital Status: Check all that apply	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Remarried <input type="checkbox"/> Annulled	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Remarried <input type="checkbox"/> Annulled
Legal Custody of Child(ren)	<input type="checkbox"/> Sole <input type="checkbox"/> Joint	<input type="checkbox"/> Sole <input type="checkbox"/> Joint
Physical Placement		
Name of Stepparent		

FEE PAYMENT RECORD (Office Use Only)

Date	Amt. Paid	Check # / Cash	Balance Due	Staff Initials	Input on Computer
Verify Parish Registration					

FEES

C.C.D./T.Y.M.E* (gr. 1 - 8)

1 Child	\$ 60	
2 Children	\$100	
3 or More	\$140	\$ _____

***Early Bird Discount:**

*Deduct \$10/child from above fees if completed registration forms & half or full payment are **postmarked by** August 31.*

\$ _____

High School (gr. 9 – 12)

Please complete separate High School Registration Sheet and transfer fee totals here.

of Workshops

Youth 1	_____ @ \$15 =	\$ _____
Youth 2	_____ @ \$15 =	\$ _____
Youth 3	_____ @ \$15 =	\$ _____

Sacraments

1 st Reconciliation	_____ @ \$15 =	\$ _____
1 st Communion	_____ @ \$15 =	\$ _____
Confirmation	_____ @ \$50 =	\$ _____

TOTAL FEES \$ _____

PAYMENT SCHEDULE (choose one):

- Prepay in full @ registration**
- 1/2 @ registration and
1/2 @ semester (1/15)**
- Financial Aid (Minimum required payment of \$25.00)**