St. Joseph Church
2009-2010 Children's Faith Formation Registration Form

Date:_____

Mailing Information

Family Name: _____

Address: _____ or Prefer E-mail (address) _____
City Zip Code

Home phone: _(_____)_____

Address mail to: (choose one) Mr. & Mrs. Mr. Mrs. Other:_____ Registered at St Joseph Church: Yes No

Parent/Guardian Information—Relationship with Student—circle one

Father Stepfather Other

Name: _____ Cell Number:_____ Catholic? Y N

Mother Stepmother Other

Name: _____ Cell Number:_____ Catholic? Y N

Family's Primary Language _____

Emergency contact person (<u>other than parent</u>):

_____

Phone #: (___)_____

Class Schedule

<u>Saturdays</u>

Grades K – 3rd - 8:45 to 10:00 am
High School - 10:30 to 11:45am

<u>Wednesdays</u>

Session I
Grades 4th – 8th - *4:30 to 5:45 pm
(*Without catechists, we will not have this time frame)

Session II
Grades 4th – 8th - 6:45 to 8:00 pm

Please list the following for each child:

Returning or New Student	Last, First Name	Date of Birth	Sex	School Grade 09-10	Baptism Received? (yes/no)	Reconciliation Received? (yes/no)	Communion Received? (yes/no)	Confirmation Received? (yes/no)	Session Preference (Grades 4-8 ONLY)
R or N									
R or N									
R or N									
R or N									

Safe Touch Review

Permission to attend a review of "Safe Touch" Program
(More information available in the Family Handbook)

Child's Name	**Grade**	**Permission**	
_____	_____	Yes	No
_____	_____	Yes	No
_____	_____	Yes	No
_____	_____	Yes	No

Tuition

Tuition is $155.00 per family, plus $20.00 book fee per child.
There will be a late fee of $25 if returning families register after June 1st.

Additional Activity Fees
Reconciliation & Communion $50.00 ~ Confirmation $65.00 (includes Confirmation Gown)

Payment Schedule:
1/3 due with Registration
1/3 due Nov. 15th
Balance due Feb. 15th

Signature of Agreement/Permission

I request that my child(ren) listed here be enrolled in the St. Joseph Children's Faith Formation Program.

____I Do _____**Do Not** give permission for my children to be photographed during Religious Education activities.

____I Do _____**Do Not** give permission for my children's phone number to be released to their teachers.

Our signature below states that we have received and will read and discuss the policies and guidelines printed in the Family Handbook, which includes the "Parent Guide– Understanding and Preventing Child Sexual Abuse" .

Signature: _____ Date : _____

New Family ONLY

I acknowledge that I have received and will read the **Diocesan Pastoral Policy regarding Sexual Abuse of Minors and Standards of Behavior for those Working with Minors.**

Signature: _____ Date : _____

People will come from east and west and north and south, and will take their places at the feast in the kingdom of God.
Luke 13:29

Office Use Only

Previous Unpaid Balance	
Tuition	+
Activity Fees	+
Late Fee ($25) After June 1st	+
Total	=
Amt. /Date Paid	
Cash	*Check #*

Authorization for Medical Treatment for 2009/2010

(Complete and Return with Registration Form.)

Family Name: _____

Child's Name	Grade	Child's Name	Grade
_____	_____	_____	_____
_____	_____	_____	_____

Address: _____ City & Zip: _____

Home Phone: _____ Emergency Number: _____

Cell (Mother): _____ Cell (Father): _____

I grant permission for the administration of first aid to my above named child/children by those people who are responsible of ***St. Joseph Children's Faith Formation*** and those transporting my child to and from the program as their judgment deems advisable, and to make the necessary referrals to qualified physicians for treatment of illness of accidents of a more serious nature. I understand that I will be promptly notified in the event of any serious illness or accident prior to any major surgery, except when delay in such communication would endanger life.

In case of medical emergency, I understand that every effort will be made to contact the parents/guardian of the participant. In the event I cannot be reached I hereby give permission to the physician selected by the adult staff to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery, if deemed as necessary for my child.

Signature of Parent/Guardian: _____ Date: _____

Authorized Physician _____ Phone Number _____

Insurance Information:

Policy Number: _____ I.D. # _____

Important Medical Information (Allergies, medications, etc.)

Child's Name _____ Special Needs/Allergies/ Illness ADD/BD/etc..... _____

Child's Name _____ Special Needs/Allergies/ Illness ADD/BD/etc..... _____

Please advise the Children's Faith Formation Office immediately of any changes to the above information.