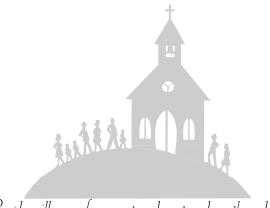
St. Joseph Church 2009-2010 Children's Faith Formation Registration Form

Date:									
Mailing In	formation								
Family Na	ame:								
Address:					or Prefe	r E-mail (addres	s)		_
Home pho	one: _()		ity	Zip Code					
Address n	mail to: (choose one) Mr. & Mrs.	Mr.	Mrs.	Other:		_ Registered	at St Joseph (Church: Yo	es No
Parent/Gu	ardian Information—Relationsh	ip with S	Studei	nt—circle one				Class	Schedule
Father	Stepfather Other						5	<u>Saturdays</u>	
Name:		Ce	_ Cell Number:			_ Catholic? Y	N	Grades K -3^{rd} - 8:45 to 10:00 at High School - 10:30 to 11:45an	
Mother	Stepmother Other						,	Wednesdays	
Name:			Cell Number:			Catholic? Y N		Session I	
Family's Primary Language			Emergency contact person (<u>other than parent</u>):					Grades 4 th – 8 th - *4:30 to 5:45 pm (*Without catechists, we will not have this time frame)	
Please list	the following for each child:	Ph	one #	: ()					sion II - 6:45 to 8:00 pm
Returning	Last, First Name	Date of							Session Preference

Returning or New Student	Last, First Name	Date of Birth	School Grade 09-10		Communion 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 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

mee ose omy	
Previous Unpaid Balance	
Tuition	+
Activity Fees	+
Late Fee (\$25) After June 1st	+
Total	II.
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):			
for treatment of illness of any major surgery, exce In case of medical emo	of accidents of a more ser opt when delay in such c ergency, I understand th n to the physician select	from the program as their judgment rious nature. I understand that I will communication would endanger life, hat every effort will be made to contied by the adult staff to hospitalize, s	be promptly notified in the act the parents/guardian c	event of any serious illness of the participant. In the even	or accident prior to at I cannot be reached
Signature of Parent/Gu	ıardian:		Date:		
Authorized Physician _		Phone Number			
Insurance Information:					
Policy Number:		I.D.#			
Important Medical Info	rmation (Allergies, med	lications, etc.) Special Needs/Allergies/Illnes	s ADD/BD/etc		
Child's Name		Special Needs/Allergies/Illnes	s ADD/BD/etc		

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