

ST. JOSEPH PARISH :: MAPLEWOOD, NJ
K-8 RELIGIOUS EDUCATION PROGRAM Registration for 2018/2019

CONTACT INFORMATION FOR PARENT/GUARDIAN

Last Name: _____
First Name: _____
Address: _____
Relationship to Child: _____
Home Phone: _____
Cell Phone: _____
Email: _____

Last Name: _____
First Name: _____
Address: _____
Relationship to Child: _____
Home Phone: _____
Cell Phone: _____
Email: _____

REQUIRED: *Person to contact in an emergency on Sunday during class time if we are unable to reach you.*

Name: _____ Phone: _____ Relationship: _____

CHILDREN TO BE ENROLLED

1

2

3

Last Name: _____
First Name: _____
Gender (M/F): _____
Birth Date: _____
Grade (Sept. 2018): _____
School: _____

SACRAMENTAL INFORMATION

Date/Location of Baptism: _____

Date/Location of First Eucharist: _____

Please add additional information below that we may need to help your child:

Special Learning Needs, Allergies, etc.: _____

WAYS IN WHICH YOUR FAMILY CAN HELP

Please INITIAL one or more choices.

IN THE CLASSROOM: Catechist: __ Substitute: __ Office Helper: __ Aide to Catechist: __ Door and Hall Monitor: __

FAMILY TUITION 2018/2019 (*Half of Fee is due upon Registration*)

For one (1) child:	\$125.00 _____	\$62.50 _____
For two (2) children:	\$175.00 _____	\$85.50 _____
For three (3) or more children:	\$235.00 _____	\$117.50 _____

TOTAL TUITION DUE: \$ _____ **AMOUNT ENCLOSED:** \$ _____ **BALANCE DUE:** \$ _____

If you have not enclosed the full balance, please check here so that we can arrange an installment plan or financial assistance.

SIGNATURE OF PARENT/GUARDIAN REQUIRED

SIGNED _____ **DATE** _____

REGISTRATION MAY BE MAILED/RETURNED TO THE RECTORY
or email faithstjoseph@gmail.com

767 Prospect Street, Maplewood, NJ 07040 Office: 973-821-4438