ST. JOSEPH PARISH :: MAPLEWOOD, NJ

K-8 RELIGIOUS EDUCATION PROGRAM Registration for 2019/2020

CONTACT INFORMATION FOR PARENT/GUARDIAN

Last Name: _____ Last Name: _____

First Name: _____ First Name: _____

Address:_____ Address:_____

Relationship to Child: _____ Relationship to Child: _____

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

Email:_____ 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. 2019):_____

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 2019/2020 *(Half of Fee is due upon Registration)*

For one (1) child:	**$135.00_____**	**$72.50_____**
For two (2) children:	**$185.00_____**	**$95.50_____**
For three (3) or more children:	**$245.00_____**	**$127.50_____**

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

767 Prospect Street, Maplewood, NJ 07040 Office: 973-821-4438 or email **faithstjoseph@gmail.com**