

ST. JOSEPH PARISH

K-8 RELIGIOUS EDUCATION PROGRAM

Registration for 2017-2018

Mailing NAME of Parent(s) and HOME ADDRESS:

If additional mailing is required to non-resident Parent, please write name and address here:

FAMILY E-MAIL(s): _____

CONTACT INFORMATION FOR PARENT/GUARDIAN

Last Name: _____

Last Name: _____

First Name: _____

First Name: _____

Relationship to Child: _____

Relationship to Child: _____

Home Phone: _____

Home Phone: _____

Work Phone: _____

Work Phone: _____

Cell Phone: _____

Cell Phone: _____

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. 2017):	_____	_____	_____
School:	_____	_____	_____

(please turn over this form for additional information)

SACRAMENTAL INFORMATION

Date and Location
of Baptism: _____

Date and Location
of Eucharist: _____

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

Special Learning Needs: _____

Medication: _____

Allergies: _____

WAYS WHICH YOUR FAMILY CAN HELP

*Everyone has a talent to share! Please prayerfully consider how you might help with the religious education of your children. What could you do this year? **It takes people like you to make the program a successful one!** Thank you for your help and continued support.*

Please INITIAL one or more choices.

IN THE CLASSROOM: Catechist: (*teach a small group*) _____ Substitute: _____ Office Helper: _____

Aide to Catechist: _____ Door and Hall Monitor: _____

FAMILY TUITION 2017-2018

(Half of Fee is due upon Registration)

For one (1) child:	\$100.00 _____	\$ 50.00 _____
For two (2) children:	\$165.00 _____	\$ 82.50 _____
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.

TO COMPLETE REGISTRATION

Please read and check off the following before signing:

- I/we provided above any additional information regarding special learning needs, medication and/or allergies for each child that I have registered.
- I/we understand that tuition covers books, materials and activities and will include **at least the indicated minimum payment with this registration.** (*Unless other arrangements have been made with the Pastor.*)

SIGNATURE OF PARENT/GUARDIAN REQUIRED

SIGNED _____ DATE _____

REGISTRATION MAY BE BROUGHT TO CLASS OR MAILED/RETURNED TO THE RECTORY

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

For Office Use Only

Date Received: _____

Amount Received: \$ _____