

# St. Joseph Catholic Church Religious Education Registration 2018-2019

## ADULT INFORMATION:

Father/Guardian: First \_\_\_\_\_ Last \_\_\_\_\_ Marital Status: \_\_\_\_\_ Religion \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Mother/Guardian: First \_\_\_\_\_ Last \_\_\_\_\_ Marital Status: \_\_\_\_\_ Religion \_\_\_\_\_

Address (if different) \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

**Preferred Phone number for SchoolMessenger Calls:** \_\_\_\_\_

**Frequently Checked Email:** \_\_\_\_\_

Child(ren) live with: \_\_\_\_\_ both parents \_\_\_\_\_ father \_\_\_\_\_ mother

Are you a REGISTERED member of St. Joseph? YES \_\_\_\_\_ NO \_\_\_\_\_ If NO, your parish \_\_\_\_\_

Did your child(ren) previously attend our St. Joseph Religious Education program? YES \_\_\_\_\_ NO \_\_\_\_\_

If not, where did your child(ren) attend? \_\_\_\_\_

***\*We require a copy of the baptismal certificate for ALL children in our program, baptized here or at another parish.***

## CHILD(REN) INFORMATION:

**Traditional Program:** list ALL CHILDREN REGISTERING K-8

**Faith Weaving Program only:** list ALL CHILDREN, infant through high school

First Name (Last Name if Different)	M/F	Birth Date	Grade 2017-18	School Attending 2017/18	Check Sacraments Already Received [X]		
					Baptism*	Eucharist	Confirm

## SESSION INFORMATION:

Please indicate your choice of session and add any special requests below. We will do our best to accommodate them. May 1 or later registrations are accepted in the order received. If your first choice is full, you will be contacted to make another selection.

### Traditional Program (2-3 X a month August—April)

#### Grades K—6

\_\_\_\_\_ Sunday 9:00 am - 10:15 am

\_\_\_\_\_ Tuesday 4:30 pm - 5:45 pm

#### 8th Grade Home Group

*2018-19 7th grade groups stay together in 8th grade.*

\_\_\_\_\_ Current Home Group

\_\_\_\_\_ New to St. Joseph RE program

#### 7th Grade Home Group

\_\_\_\_\_ Sunday 9:00 am—10:30am on Site

\_\_\_\_\_ Sunday 7:00 pm—8:30 pm in Home

\_\_\_\_\_ Tuesday 6:15 pm—7:45 pm on Site

\_\_\_\_\_ Tuesday 6:15 pm—7:45 pm in Home

\_\_\_\_\_ Thursday 6:30pm—8:00pm in Home

\_\_\_\_\_ Sunday 6:00 pm - 8:00 pm (not on a FW Sun)

### Faith Weaving (FW) Family Program (once a month September—June)

**Grades PK—8th** (All 7th & 8th Graders in FW must also choose a Home Group)

\_\_\_\_\_ Sunday 6:15 pm—8:15 pm

\_\_\_\_\_ Friday 6:15 pm—8:15 pm

### Special Circumstances for Sacraments Programs

Need information on: \_\_\_\_\_ Baptism \_\_\_\_\_ First Eucharist \_\_\_\_\_ Confirmation

#### Office Use Only:

Date Received \_\_\_\_\_ Initials \_\_\_\_\_ Date in PDS \_\_\_\_\_ Initials \_\_\_\_\_

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## TUITION AND FEES FORM

**Family Name:** \_\_\_\_\_ New to St. Joseph RE  Enrolled in 2017/18   
 Tuition and fees have remained the same since 2014/15. In order to continue this we need every family to *select a Volunter Opportunity on the next page.*

For your convenience, 2018/19 tuition now includes book, supplies and sacrament fees for each grade level.

**Discount** only applies to 2017/18 families who complete registration by **May 1, 2018.**

RE GRADE LEVEL	TUITION by GRADE LEVEL (per child)	MAY 1 DISCOUNT & NEW FAMILY TUITION(per child)	FIRST NAME OF CHILD(REN)	TOTAL
PRESCHOOL (Faith Weaving only)	\$ 280	\$ 230		\$ _____
KINDERGARTEN	\$ 280	\$ 230		\$ _____
1ST GRADE	\$ 280	\$ 230		\$ _____
2ND GRADE (First Eucharist)	\$ 330	\$ 280		\$ _____
3RD GRADE	\$ 280	\$ 230		\$ _____
4TH GRADE	\$ 280	\$ 230		\$ _____
5TH GRADE	\$ 280	\$ 230		\$ _____
6TH GRADE	\$ 280	\$ 230		\$ _____
7TH GRADE	\$ 280	\$ 230		\$ _____
8TH GRADE (Confirmation)	\$ 380	\$ 330		\$ _____
HIGH SCHOOL (Confirmation)	---->	\$ 350		\$ _____
			<b>TOTAL TUITION DUE</b>	<b>= \$ _____</b>
			<b>GUARDIAN ANGEL DONATION</b> *optional: to assist families with tuition	<b>+ \$ _____</b>
*Registration from families who have a past due balance will not be processed until payment arrangements are made			<b>PAY IN FULL TOTAL</b>	<b>= \$ _____</b>
			*Applied to 2017/18 first Or <b>REQUIRED DEPOSIT</b> (\$50/child)	<b>— \$ _____</b>
			<b>BALANCE DUE</b>	<b>= \$ _____</b>

All families will be enrolled in the FACTS tuition program and any Balance Due will be divided into a Monthly Payment Plan.

Additional Fees may apply: If not registered at St. Joseph Catholic Church == OUT OF PARISH FEE \$100

Children in 5TH—8TH GRADE who need a Bible == BIBLE FEE \$20

Children with Sacrament *Special Circumstances* == FIRST EUCHARIST \$50

== CONFIRMATION \$100

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**No child is prohibited from attending Religious Education programs due to an inability to pay.**

\*Tuition assistance is available through our **Guardian Angel** fund. Please call the office to inquire.

**Office Use Only:**

Date Received \_\_\_\_\_ Amount Paid \$ \_\_\_\_\_ Check Number \_\_\_\_\_ Initials \_\_\_\_\_



MEDICAL AND PHOTO RELEASE (REQUIRED)

1

Photo Permission: During the year, we sometimes take photos/videos of classroom activities, special projects, grade level events, etc. These images are used for the sole purpose of visually enhancing our parish bulletin, Religious Education Connection newsletter, parish website, displays at parish events, annual reports and occasionally are used in local or diocesan newspapers. Please note that no information (name, grade level, etc.) would be published - only images of your child(ren) participating in a St. Joseph Religious Education sponsored activity or event.

Please check one: \_\_\_ Yes, I do \_\_\_ No, I do not give permission for my child's/children's picture to be used in the above manner.

(Parent Signature) (Date)



2

Parent Contact Information:

Mother/Guardian Cell Phone: \_\_\_\_\_ Father/Guardian Cell Phone: \_\_\_\_\_

3

Medical/Emergency Information:

Table with 4 columns: Child's Last Name, Child's First Name, Grade 2018/19, Allergies - Food/Drug/Pets\*/Other

Tetanus Immunization (up-to-date): Yes \_\_\_ No \_\_\_

Name of physician \_\_\_\_\_ Phone \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ Insurance # \_\_\_\_\_

LOCAL EMERGENCY PICK UP AND CONTACT (Other than the immediate family):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

(Parent Signature) (Date)



MEDICAL RELEASE: For the 2018/19 school year

In the event that the undersigned, or my (our) authorized physician, cannot be reached and in the judgment of the Director of Catechesis, or other person responsible for the program/group, or other appropriate staff member, there is a necessity for immediate examination and/or treatment of my (our) child(ren), I (we) hereby authorize any of the aforesaid personnel to obtain such medical services as are deemed necessary.

4

Special Needs/Comments: This information will be treated confidentially.

By becoming aware of the special situations which affect the children, we are better able to respond to their individual needs. We are aware that as parents, we sometimes hesitate to share certain things about our children. However, we encourage you to consider how valuable these insights will be in fostering understanding, compassion and patience. Please share as specifically as you can.

Please Check One (below)

\_\_\_ There are no special needs/comments for my child(ren).

\_\_\_ My child has the following special needs:

(ex: learning difficulties, attention deficit, hearing problems, medical conditions, emotional/social/behavioral problems, etc.)

\_\_\_\_\_

(Parent Signature) (Date)

