

LAST NAME \_\_\_\_\_

Mother's Name _____ (Last) (First) Address _____ City/State/Zip _____ Home Phone (____) _____ Cell Phone (____) _____ Mother's email: _____ Children reside with: Both Parents _____ Joint Custody _____ Mother _____ Father _____ Other _____ Mother's Religion _____ Confirmed? Y or N Is either parent registered as a parishioner at St. Joseph? Mother _____ Father _____ Neither _____ If neither, where are you registered? _____ Areas of parental involvement in which you are interested? Catechist/Teacher _____ Teacher's Aide _____ Vacation Bible School _____ Other _____ Emergency Contact: _____ ( <b>Other than parents</b> ) (Name) (Phone) (Relationship to child)	Father's Name _____ (Last) (First) Address _____ City/State/Zip _____ Home Phone (____) _____ Cell Phone (____) _____ Father's email: _____ Children reside with: Both Parents _____ Joint Custody _____ Mother _____ Father _____ Other _____ Father's Religion _____ Confirmed? Y or N Is either parent registered as a parishioner at St. Joseph? Mother _____ Father _____ Neither _____ If neither, where are you registered? _____ Areas of parental involvement in which you are interested? Catechist/Teacher _____ Teacher's Aide _____ Vacation Bible School _____ Other _____ Emergency Contact: _____ ( <b>Other than parents</b> ) (Name) (Phone) (Relationship to child)
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Student Name – First (Include last name ONLY if different) If Home Schooling Please indicate by writing "HS" by name	M/F	Age	Grade	Special Medical or Learning Needs (Please Describe)	SACRAMENTS RECEIVED <i>(Please check <b>only</b> those your child has received.)</i>			
					Baptism	Eucharist	Reconciliation	Confirmation
1.								
2.								
3.								

<p style="text-align:center;"><b>Parental/Guardian Permission</b></p> <p>I hereby consent that my children listed above, participate in the St. Joseph Religious Formation Program for the 2017-2018 academic year. I understand that this program will take place on the parish grounds and that my son(s)/daughter(s) will be under the supervision of authorized parish personnel.</p> <p>Signature: _____ Date: _____</p> <p>I give St. Joseph Church permission to use pictures of my child for church related purposes such as SJC website or slide show at SJC event. No names will be published.</p> <p>Signature _____ Date _____</p>	<p><b>Tuition 1<sup>st</sup>-7<sup>th</sup> grade</b></p> <p>\$85.00/child for 1<sup>st</sup> &amp; 2<sup>nd</sup> child                  (\$80.00/child if paid in full by September 30.)</p> <p>For every child after two = \$42.00/child</p> <p>Home School \$55.00/child</p>	<p style="text-align:center;"><b>Office Use Only:</b></p> <p>Tuition Total \$ _____</p> <p>Trip deduction \$ _____</p> <p>Paid \$ _____ Date _____</p> <p>Cash _____ Check # _____</p> <p>Received by: _____</p> <p>Recorded _____</p>
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