

# ST. JOSEPH RELIGIOUS FORMATION PROGRAM

**Grades K - 9**

**Please mail (or drop off at the Parish Office) payment/s to St. Joseph Parish, 109 Linden St. St. Johns, MI 48879.**

|  |   |
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| Mother's Name _____<br>(Last) (First)  | Father's Name _____<br>(Last) (First)     |
| Address _____  | Address _____                             |
| City/State/Zip _____   | City/State/Zip _____                      |
| Cell Phone (____) _____  | Cell Phone (____) _____                   |
| Mother's email: _____  | Father's email: _____                     |
| Children reside with: Both Parents _____ Joint Custody _____ Mother _____ Father _____ Other _____   |   |
| Mother's Religion _____ Confirmed? Y or N  | 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 _____ Aide _____ Snack Donations _____ Help with Family Activity Nights _____ Other _____ |   |
| Emergency Contact: _____   |   |

| Student Name – First (Include last name ONLY if different) | M/F | Age | Grade | Special Medical or Learning Needs (Please Describe) | SACRAMENTS RECEIVED<br><i>(Please check <b>only</b> those your child has received and list parish if not at St Joseph.)</i> |           |                |              |
|--|-----|-----|-------|---|---|-----------|----------------|--------------|
|  |     |     |       |   | Baptism   | Eucharist | Reconciliation | Confirmation |
| 1.   |     |     |       |   |   |           |                |              |
| 2.   |     |     |       |   |   |           |                |              |
| 3.   |     |     |       |   |   |           |                |              |

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| <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 2022-2023 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 style="text-align: center;"><b>Tuition K-9<sup>th</sup> grade</b></p> <p style="text-align: center;">\$95.00/child for 1<sup>st</sup> &amp; 2<sup>nd</sup> child</p> <p style="text-align: center;">For every child after two = \$55.00/child</p> <p>See Jen to continue your child's curriculum during the 7/8<sup>th</sup> grade sports season/s.</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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