## 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.

Mother's Name(Last) (First)  Address  City/State/Zip  Cell Phone ()  Mother's email:  Children reside with: Both Parents Joint CustodyN  Mother's Religion Confirm  Is either parent registered as a parishioner at St. Joseph? Moth  Areas of parental involvement in which you are interested? Cat	Mother _ med? Y er techist/T	or N Father eacher	. Add Cincolners Add	cell Phone (_ ather's email _ Other _ ather's Relig	(Last)  )  ion either, whe	re are you ı	registered?_	Confirmed	? Y or N	
Student Name – First (Include last name ONLY if different)  1.				Learning Needs (Please Check not at St Joseph.)			e check <b>only</b> to pseph.)	ENTS RECEIVED  conly those your child has received and list parish if  rist Reconciliation Confirmation		
2. 3.										
Parental/Guardian Permission  I hereby consent that my children listed above, participate in the St. Joseph Religious Formation Program for the 2023-2024 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.  Signature:  Date:					Tuition K-9 <sup>th</sup> grade  \$95.00/child for 1 <sup>st</sup> & 2 <sup>nd</sup> child  For every child after two = \$55.00/child  Cash Check #				ate	
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.  Signature					See Jen to continue your child's curriculum during the 7/8 <sup>th</sup> grade sports season/s.			Received by:		