**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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Last) (First) (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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Other than parents)** (Name) (Phone) (Relationship to child)

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Areas of parental involvement in which you are interested: Catechist Teacher’s Aide Vacation Bible School Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Student Name – First (Include last name ONLY if different)**  | M/F | Age | Grade | Special Medical orLearning Needs(Please Describe) |  SACRAMENTS RECEIVED  *(Please check only those your child has received and list parish if not at St Joseph.)* |
| Baptism | Eucharist | Reconciliation | Confirmation |
| 1. |  |  |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |  |  |
| Parental/Guardian PermissionI hereby consent that my children listed above, participate in theSt. Joseph Religious Formation Program for the \_\_\_\_\_\_\_\_\_ 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: \_\_\_\_\_\_\_\_\_\_\_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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_ | Tuition K-9th grade $95.00/child for 1st & 2nd childFor every child after two  = $55.00/childContact DRE to continue your child’s curriculum during the 7/8th grade sports season/s. | **Office Use Only:**Tuition Total $\_\_\_\_\_\_\_\_\_\_\_\_\_\_Trip deduction$ \_\_\_\_\_\_\_\_\_\_\_\_\_Paid $\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_Cash \_\_\_\_ Check #\_\_\_\_\_\_\_\_\_Received by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Recorded\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |