**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)

\_\_\_\_\_\_\_\_

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 or  Learning 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 Permission I 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 child  For every child after two  = $55.00/child  Contact 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |