

**St. Joseph Church**  
**Children's Faith Formation Registration Form 2012-2013**



Date: \_\_\_\_\_

Family Name: \_\_\_\_\_

Address: \_\_\_\_\_  
City Zip Code

**Parent/Guardian Information**

\_\_\_\_\_ Father's Name: \_\_\_\_\_ Cell Number: \_\_\_\_\_ Catholic? Y N

\_\_\_\_\_ Mother's Name: \_\_\_\_\_ Cell Number: \_\_\_\_\_ Catholic? Y N

Family's Primary Language \_\_\_\_\_

Emergency contact person (other than parent): \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

<b>Saturdays</b>	<b>Saturdays</b>	<b>Wednesdays - Session I</b>	<b>Wednesdays - Session II</b>
Grades 1st-3rd	High School	Grades 4th-8th	Grades 4th-8th
8:45-10:45 am	10:30-11:45 am	4:30-5:45 pm	6:45-8:00 pm

**Please list the following for each child:**

Returning or New Student	Last, First Name	Date of Birth	Sex M F	School Grade 12-13	Baptism Received? (yes/no)	Reconciliation Received? (yes/no)	Communion Received? (yes/no)	Confirmation Received? (yes/no)	Fluent Language English/Spanish/Both
R or N									
R or N									
R or N									
R or N									

**Office Use ONLY**

First \_\_\_\_\_ Third \_\_\_\_\_ Fifth \_\_\_\_\_ Seventh \_\_\_\_\_  
 Second \_\_\_\_\_ Fourth \_\_\_\_\_ Sixth \_\_\_\_\_ Eighth \_\_\_\_\_

**Signature of Agreement/Permission**

I request that my child/dren listed here be enrolled in the St Joseph children’s Faith Formation Program

\_\_\_\_\_ **I Do** \_\_\_\_\_ **I Do Not** give permission for my child/dren to be photo graphed during Religious Education activities

\_\_\_\_\_ **I Do** \_\_\_\_\_ **I Do Not** give permission for my children’s phone number to be released to their teachers.

Our signature below states that we will read and discuss the policies and guide-lines printed in the family Handbook, which includes “Parent Guide-Understanding and Preventing Child Sexual Abuse”.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**New Family ONLY**

I acknowledge that I have received and will read the diocesan Pastoral Policy regarding sexual Abuse of Minors Standards Abuse of Minors and Standards of Behavior for those Working with Minors.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Safe Touch Review**

Permission to attend and review “Safe Touch” Program (more information available in the Family Handbook)

Child’s Name	Grade	Permission	
_____	_____	Yes	No
_____	_____	Yes	No
_____	_____	Yes	No
_____	_____	Yes	No

**TUITION**

1 Child	\$195.00	More than 3 children add \$25.00 per child
2 Children	\$240.00	
3 Children	\$275.00	

**Additional Fees:**

Reconciliation and Communion	\$50.00
Confirmation	\$65.00 (includes Confirmation gown)

**Payment Schedule:**

1/3 due with Registration  
1/3 due November 17th , 2012  
Balance due February 16th, 2013



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*People will come  
from east and west  
and north and south  
And will take their places  
at the feast  
in the kingdom  
of God  
Luke 13:29*

**NO CHILD WILL BE ADMITTED  
OR REGISTRATION FORM ACCEPTED WITHOUT THE CHILD’S  
BAPTISMAL CERTIFICATE!**

**NO EXEPTIONS!**

# Authorization for Medical Treatment for 2012/2013



(Complete and Return with Registration Form)

Family Name: \_\_\_\_\_ Home phone: \_\_\_\_\_

Emergency Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Child's Name	Grade	Important Medical Information (Allergies, medications, etc.)
1. _____	_____	Special Needs/Allergies/ Illness ADD/BD/etc..._____
2. _____	_____	Special Needs/Allergies/ Illness ADD/BD/etc..._____
3. _____	_____	Special Needs/Allergies/ Illness ADD/BD/etc..._____
4. _____	_____	Special Needs/Allergies/ Illness ADD/BD/etc..._____

***Please advise the Children's Faith Formation Office immediately of any changes to the above information.***

I grant permission for the administration of first aid to my above named child/children by those people who are responsible of ***St. Joseph Children's Faith Formation*** and those transporting my child to and from the program as their judgment deems advisable, and to make the necessary referrals to qualified physicians for treatment of illness of accidents of a more serious nature. I understand that I will be promptly notified in the event of any serious illness or accident prior to any major surgery, except when delay in such communication would endanger life. In case of medical emergency, I understand that every effort will be made to contact the parents/guardian of the participant. In the event I cannot be reached I hereby give permission to the physician selected by the adult staff to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery, if deemed as necessary for my child.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Physician \_\_\_\_\_ Home phone: \_\_\_\_\_

### Insurance Information:

Policy Number: \_\_\_\_\_ I.D. # \_\_\_\_\_