

ST. JOSEPH PARISH FAITH FORMATION

REGISTRATION FORM
EUCCHARIST 1 – GRADE 6 (2025-2026)

FAMILY INFORMATION:

Father's Name: _____

Mother's Name & Maiden Name: _____

Address: _____

Best phone to reach you: _____ home or cell

Email: _____

EMERGENCY CONTACT/PHONE: _____

1. CHILD NAME: _____ DOB: _____

GR. IN Sept 25 _____ LAST GR. ATTENDED FOR FF _____

BAPTIZED/PARISH: Y/N: _____ 1ST COMMUNION Y/N _____

Allergies, medications, other concerns that may help us better assist your child in the class.

2. CHILD NAME: _____ DOB: _____

GR. IN Sept 25 _____ LAST GR. ATTENDED FOR FF _____

BAPTIZED/PARISH: Y/N: _____ 1ST COMMUNION Y/N _____

Allergies, medications, other concerns that may help us better assist your child in the class.

3. CHILD NAME _____ DOB _____

GR. IN Sept 25 _____ LAST GR. ATTENDED FOR FF _____

BAPTIZED/PARISH: Y/N: _____ 1ST COMMUNION Y/N _____

Allergies, medications, other concerns that may help us better assist your child in the class.

Sunday: Eucharist 1-Gr. 6 _____

9:30a-10:45a (subject to change)

Monday: Eucharist 1-Gr. 6 _____

4:15p-5:30p (subject to change)

PHOTOS AND PARISH EVENTS WOULD ONLY BE POSTED ON ST. JOSEPH RELIGIOUS EDUCATION FACEBOOK PAGE ONLY.

Y _____ N _____

Parent/Guardian initials _____

PRINT: _____

The archdiocese requires that all children attend the "Protecting God's Children Program. I give my permission to have my child attend this program when it is offered. Information on the program available. Yes _____ No _____

Parent signature: _____

Would you be willing to help as catechist or an aide in the classroom? Y ___ N ___

Grade: _____

Training available.

FEES:

* One child: \$100

* Two children: \$200

* Fees capped at \$250

OFFICE USE:

PD: _____ CHECK #/ _____ CASH _____ DATE: _____

OWES: _____ DATE: _____ IN: _____

SENT TO OFFICE : Date : _____ IN: _____ R: _____ DATE: _____ IN: _____

Baptismal certificate :

NOTES: