



St. Joseph Catholic Church
2025-2026 Faith Formation Program/CGS
REGISTRATION FORM

Parish Registration # _____

Date of Registration _____

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**ENTIRE FORM TO BE COMPLETED
BY PARENT OR LEGAL GUARDIAN**

PLEASE PRINT

Child's Full Name (Last Name, First Name & Middle Name)	M/F	25-26 Grade	Birth Date	Please Circle Sacraments <u>Already Received</u>
1.				Baptism Confession Confirmation Communion
2.				Baptism Confession Confirmation Communion
3.				Baptism Confession Confirmation Communion
4.				Baptism Confession Confirmation Communion

Child's Place of Baptism (if applicable) _____ City: _____ State: _____ Date: _____

Child Place of Birth: _____ City: _____ State: _____

Parent/Guardian 1 First and Last Name: _____

➤ Work Phone # _____ Cell Phone # _____ E-mail _____

Parent/Guardian 2 First and Last Name (Maiden if Applicable): _____

➤ Work Phone # _____ Cell Phone # _____ E-mail _____

Home Address _____ City _____ Zip _____

Emergency Contact Name _____ Relation to Child(ren) _____ Phone # _____

Please list anyone not named above who may sign in/out your child(ren): _____

Tuition: \$80.00 per student \$130.00 for 2 students \$180.00 for 3 students (or more)

Official Use Only: Cash _____ Check # _____ Notes _____
Baptismal Certificate received: Yes _____ No _____

2025-2026 MEDICAL RELEASE & GENERAL CONSENT FORM

(ALL INFORMATION WILL BE KEPT CONFIDENTIAL)

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Primary Doctor's Name: _____ City: _____ Phone#: _____

Insurance Company: _____ Card and/or Group Number: _____

Policy Holder Name: _____ Relationship to Student(s): _____

Child's Full Name (Last Name, First Name & Middle Name)	So that we can best serve your child, please list any known conditions that we should be made aware of (i.e., Learning Disabilities, Allergies, Medication taken, Medical, Physical, Emotional, Behavioral, etc.)
1.	
2.	
3.	
4.	

ENTIRE FORM TO BE COMPLETED BY PARENT OR LEGAL GUARDIAN

I request the above named participants be allowed to attend church related activities with St. Joseph Catholic Church. In the event of an illness or medical emergency, I request that the Coordinator of RE or a designated volunteer obtain medical treatment for the student on my behalf in case of emergency. I understand I will be contacted in case of emergency. I will not hold the Diocese of Phoenix, St. Joseph Catholic Church, or any of their volunteers, employees, or agents responsible for any accident or injury. I understand that all cost incurred will be my (parent or Legal guardian) responsibility. I understand that if my child(ren) behaves or acts in a way that is damaging or disrupting to other people or property, my child may be suspended or expelled from the program.

Parent/Guardian 1: Printed Name: _____ Signature: _____ Date: _____

Parent/Guardian 2: Printed Name: _____ Signature: _____ Date: _____