



**Saint Joseph Parish School of Religion**  
**Registration Form 2022-2023**  
**Please fill out 1 per student**



**Family Information**

Child's Full Name \_\_\_\_\_  
First Middle Last

Child's date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Male Female

Home Address: \_\_\_\_\_  
Street City Zip

Primary Phone: \_\_\_\_\_ Alternative Phone: \_\_\_\_\_

School Child Attends: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Father \_\_\_\_\_ Religion: \_\_\_\_\_

Name of Mother \_\_\_\_\_ Religion: \_\_\_\_\_  
Please include maiden name

Parent's Email Addresses: \_\_\_\_\_  
(We communicate primarily by email. Please provide an accurate email address and check it often)

Are you currently registered members of Saint Joseph Parish? \_\_\_\_\_ Yes \_\_\_\_\_ No

If not, which parish do you belong? \_\_\_\_\_

**Sacramental Information:**

Baptism:  
Church: \_\_\_\_\_ City: \_\_\_\_\_ Date: \_\_\_\_\_

First Communion:  
Church: \_\_\_\_\_ City: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency contact 1 \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Emergency contact 2 \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Allergies/ Medical Conditions - \_\_\_\_\_

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

## **EMERGENCY MEDICAL AUTHORIZATION FORM**

\_\_\_\_ **YES** \_\_\_\_ **NO** - I hereby give my permission for Saint Joseph Parish Staff or an adult representative of the Saint Joseph Parish School of Religion program to seek medical attention and treatments deemed necessary for all children named on this registration in the event parents and emergency contacts cannot be reached.

**If answered no:** In the event of illness or injury requiring emergency treatment, I wish the parish authorities to take the following action:

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### **Handbook Acknowledgement**

\_\_\_\_ **YES** \_\_\_\_ **NO** - I have read the St. Joseph Parish Parish School of Religion Program Policies, as presented in the Parish School of Religion Handbook. I understand all policies and procedures and have gone over them with my child(ren). I understand and agree that myself and my child(ren) will abide by all these policies and procedures.

### **Permission to Photograph**

\_\_\_\_ **YES** \_\_\_\_ **NO** - Do you grant permission to Saint Joseph Parish to authorize the release, publication, dissemination, distribution, use, and/or reproduction of any and all photographs taken of my daughter/son during her/his enrollment at Saint Joseph Parish School of Religion Program by an employee, agent, or representative of Saint Joseph Parish or independent contractor.

### **COVID-19 Safety Acknowledgement**

\_\_\_\_ **(Initial)** I understand COVID-19 is a highly contagious virus, and it is possible to develop and contract COVID-19, even if COVID Guidance are being followed. I understand that my child(ren) can never be completely shielded from all risk of illness caused by COVID-19, and that if the child(ren) has any special health concerns that could increase the risk of contracting COVID-19 or that could possibly increase the severity of illness if COVID-19 is contracted, the I should consult with their medical practitioner before participating in PSR. I will follow COVID-19 guidelines for PSR if applicable.

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**Parent's Signature**

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**Parent name printed**

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**Date**

Tuition is \$55.00 first child, \$45.00 each additional Child, checks made out to Saint Joseph Parish

#### **For Office Use Only:**

Date: \_\_\_\_\_ Cash: \_\_\_\_\_ Check #: \_\_\_\_\_