

Office	use only:	MC:	Y	N
Cash	Check #		_	

Date: ____ Amount:_

Saint Joseph Parish

Parish School of Religion Registration Form 2018-2019 - 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:	ol Child Attends: Grade:				
Name of Father	f Father Religion:				
Name of Mother	F	Religion:			
Please include maio Parent's Email Addresses:		_			
(We communicate primarily b	y email. Please provide an accur	ate email add	ress and check it o	ften)	
Are you currently registered mer	mbers of Saint Joseph Pa	rish?	Yes	No	
If not, which parish do you belor	ng?				
Sacramental Information:					
Baptism: Church:	City:		Date:		
First Communion: Church:	City: _		Date:		
Emergency contact#1	Relationship	P	hone		
Emergency contact#2	Relationship	P	hone		
Allergies/ Medical Conditions					



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Parent's Signature	Date				
Classroom Aide - Be present in a classroom t Catechist - Provide instruction in the classro Substitute Teacher - Put on a list of contacts Hall Monitor - Monitor hallways, run message PSR Service Projects - Volunteer for PSR Serv	om. s to fill in when a teacher is unavailable. es to classrooms.				
Parents - Your continued involvement and success. Listed below there are many ways i religious education of your child. Please pictalents. All Volunteers must be VIRTUS t information about VIRTUS training www.vitrus.c	n which you can be directly involved in the ck one that would best suit your time and rained. Please call the Parish Office for				
YESNO - Do you grant permit release, publication, dissemination, distribution photographs taken of my daughter/son durin School of Religion Program by an employee, againdependent contractor?	g her/his enrollment at Saint Joseph Parish				
YESNO - I have read the St. Jo Polices, as presented in the Parish School of Re procedures and have gone over them with my and my child(ren) will abide by all these policie	child(ren). I understand and agree that myself				
If answered no: In the event of illness or injuparish authorities to take the following action:	ry requiring emergency treatment, I wish the				
YESNO - 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 attentio and treatments deemed necessary for all children named on this registration in the even parents and emergency contacts cannot be reached.					

Information and Fees

- PSR Classes are held on Monday evenings, from 6:30-7:45 p.m. in the Saint Joseph Parish School Building
- Tuition is \$50.00 for the first child and \$45.00 for any additional children
- Make all checks payable to "Saint Joseph Parish"