

# Religious Education Program Registration Form

## Family Information

Family Last Name			Last Name of Children, if Different		
Family Mailing Address, street, city, state, zip code					
Email address for notifications					
Mother's Name			Father's Name		
Mother's Cell #			Father's Cell #		
Is The Family Registered As Parishioners At St. Joseph's?	<input type="radio"/> yes <input type="radio"/> no <i>Parish registration is required for participation</i>	Do Both Parents Live At The Family Mailing Address?	<input type="radio"/> yes <input type="radio"/> no <i>If no, advise if mailings need to be sent to an additional address</i>	Were the Child(ren) Baptized At St. Joseph's?	<input type="radio"/> yes <input type="radio"/> no <i>If no, provide baptismal certificate(s)</i>

## Student Information

Name of Student	Birth Date	Grade	Baptized	1st Reconciliation Program	1st Communion Program	Confirmation Program
			<input type="radio"/> yes	<input type="radio"/> yes <input type="radio"/> no or <input type="radio"/> complete	<input type="radio"/> yes <input type="radio"/> no or <input type="radio"/> complete	<input type="radio"/> yes  <input type="radio"/> no
			<input type="radio"/> yes	<input type="radio"/> yes <input type="radio"/> no or <input type="radio"/> complete	<input type="radio"/> yes <input type="radio"/> no or <input type="radio"/> complete	<input type="radio"/> yes  <input type="radio"/> no
			<input type="radio"/> yes	<input type="radio"/> yes <input type="radio"/> no or <input type="radio"/> complete	<input type="radio"/> yes <input type="radio"/> no or <input type="radio"/> complete	<input type="radio"/> yes  <input type="radio"/> no

## Payment Information

Standard Registration Fee is \$80.00 for each student

(tuition capped at \$230.00 for each family, not including additional sacramental fees below)

Total number of registered students _____ x \$80.00	registration fee	\$ _____
\$15.00 First Reconciliation Sacramental Resource Fee per student	additional fee	\$ _____
\$15.00 First Communion Sacramental Resource Fee per student	additional fee	\$ _____
\$15.00 Confirmation Sacramental Resource Fee per student	additional fee	\$ _____
Total fees due		\$ _____

**Payment received** \$ \_\_\_\_\_

Entered by \_\_\_\_\_

☐ check (payable to St. Joseph Parish) or ☐ cash

Dated \_\_\_\_\_

check # \_\_\_\_\_