

Middle School Registration



First Youth

Name: _____
 Birthdate: _____ Grade: _____
 School: _____
 Allergies: _____
 Special Needs: _____
 T-Shirt Size: YL AS AM AL AXL AXXL
 I agree to allow SJCC to contact my
 teen (teen cell): _____

Religious Information

Grades this child has completed in
 Religious Education: _____
 Has this child received the below
 sacraments? Y or N?
 Baptism ____ Penance: _____
 Communion ____ Confirmation ____
 Religion Baptized? _____
 Baptismal Certificate:
 _____ Attached
 _____ Previously Submitted
 _____ Baptized at St. Joseph

Class Registration

_____ 6/7 Grade EDGE: Wed 6:30-8:00
 _____ 6/7 Grade EDGE: Sun 3:30-5:00
 _____ 8 Grade: Wed 6:00-8:00*
 _____ 8 Grade: Sun 3:00-5:00*
 _____ Home Study; 6-8
 _____ Catholic School

*Reminder, 8th grade is required for
 Confirmation

Second Youth

Name: _____
 Birthdate: _____ Grade: _____
 School: _____
 Allergies: _____
 Special Needs: _____
 T-Shirt Size: YL AS AM AL AXL AXXL
 I agree to allow SJCC to contact my
 teen (teen cell): _____

Religious Information

Grades this child has completed in
 Religious Education: _____
 Has this child received the below
 sacraments? Y or N?
 Baptism ____ Penance: _____
 Communion ____ Confirmation ____
 Religion Baptized? _____
 Baptismal Certificate:
 _____ Attached
 _____ Previously Submitted
 _____ Baptized at St. Joseph

Class Registration

_____ 6/7 Grade EDGE: Wed 6:30-8:00
 _____ 6/7 Grade EDGE: Sun 3:30-5:00
 _____ 8 Grade: Wed 6:00-8:00*
 _____ 8 Grade: Sun 3:00-5:00*
 _____ Home Study; 6-8
 _____ Catholic School

*Reminder, 8th grade is required for
 Confirmation

*6th and 7th Grade Parents Meeting (check which you will attend)

_____ Wednesday, September 12 @ 6:30
 _____ Sunday, September 16 @ 3:30
 _____ I am unable to attend so please
 contact me for a time to meet.

*8th Grade Parents Meeting (check which you will attend)

_____ Wednesday, September 5 @ 6:30
 _____ Sunday, September 16 @ 3:30
 _____ I am unable to attend so please
 contact me for a time to meet.

***8th Grade Parents who also have children in 6/7 grade ONLY attend the 8th grade parent meeting.**

High School Registration



First Youth

Name: _____
 Birthdate: _____ Grade: _____
 School: _____
 Allergies: _____
 Special Needs: _____
 T-Shirt Size: YL AS AM AL AXL AXXL
 I agree to allow SJCC to contact my teen
 (teen cell): _____

Religious Information

Grades this child has completed in
 Religious Education: _____
 Has this child received the below
 sacraments? Y or N?
 Baptism ____ Penance: _____
 Communion ____ Confirmation ____
 Religion Baptized? _____
 Baptismal Certificate:
 _____ Attached
 _____ Previously Submitted
 _____ Baptized at St. Joseph

Class Registration

_____ Life Teen 9th Grade Confirmation:
 _____ Sundays @ 6:00-8:00
 _____ 9th Grade Confirmation
 _____ Home Study
 _____ Catholic High School

*Reminder, 9th grade is required for
 Confirmation

_____ Relentless; Grades 10-12
 (Post Confirmation):
 _____ Sundays @ 6:00-8:00

Second Youth

Name: _____
 Birthdate: _____ Grade: _____
 School: _____
 Allergies: _____
 Special Needs: _____
 T-Shirt Size: YL AS AM AL AXL AXXL
 I agree to allow SJCC to contact my teen
 (teen cell): _____

Religious Information

Grades this child has completed in
 Religious Education: _____
 Has this child received the below
 sacraments? Y or N?
 Baptism ____ Penance: _____
 Communion ____ Confirmation ____
 Religion Baptized? _____
 Baptismal Certificate:
 _____ Attached
 _____ Previously Submitted
 _____ Baptized at St. Joseph

Class Registration

_____ Life Teen 9th Grade Confirmation:
 _____ Sundays @ 6:00-8:00
 _____ 9th Grade Confirmation
 _____ Home Study
 _____ Catholic High School

*Reminder, 9th grade is required for
 Confirmation

_____ Relentless; Grades 10-12
 (Post Confirmation):
 _____ Sundays @ 6:00-8:00

St. Joseph Catholic Church

87 Lacy Street, GA 30060 TEL: 770-422-5633 X55
www.saintjosephcc.org / YWaits@saintjosephcc.org

ALL FAMILIES MUST FILL OUT BELOW

Reminder: Parish Registration is REQUIRED for participation in St. Joseph Religious Education

Registered Last Name: _____

Address: _____

Father's Name _____

Father's Cell Phone: _____

Mother's Name: _____

Mother's Maiden Name: _____

Mother's Cell Phone: _____

Emergency Contact Name and Number: _____

Primary Family Email: _____

Secondary Family Email: _____

Photo Release

By signing below I/we hereby grant permission for publication of group (two or more persons) photos taken at PSR/Youth events.

Signature of Parent/Guardian: _____

Volunteers

Interested in volunteering with PSR/EDG/LifeTeen? Yes or No, If yes, which program: _____

Registration Fees

PSR/EDGE/LifeTeen

Home Study

Per Child \$80

Per Child \$50

3+ Children \$200

3+ Children \$120

High School: No Charge

Catholic School Students must register for Confirmation Year 1 and Year 2 but there is no charge.

_____ Paid Online _____ Cash/Check Included

ONLINE REGISTRATION: www.saintjosephcc.org

EDGE and Life Teen Registration on the Back

**Preschool & Elementary P3 through 5th Grade
2018-2019 Registration Form**



#1 Child's Name: _____

Allergies: _____

Special Needs: _____

Grade: _____

Birthday: _____

School: _____

List Grades this child has completed in Religious Education/Catholic School: _____

Has this child received the below sacraments: Y or N

Baptism: _____ Penance: _____ Communion: _____

Confirmation: _____

Religion Baptized: _____

Baptismal Certificate: _____ Attached

_____ Previously Submitted _____ Baptized at St. Joseph

1st Class Choice _____ 2nd Class Choice _____

#2 Child's Name: _____

Allergies: _____

Special Needs: _____

Grade: _____

Birthday: _____

School: _____

List Grades this child has completed in Religious Education/Catholic School: _____

Has this child received the below sacraments: Y or N

Baptism: _____ Penance: _____ Communion: _____

Confirmation: _____

Religion Baptized: _____

Baptismal Certificate: _____ Attached

_____ Previously Submitted _____ Baptized at St. Joseph

1st Class Choice _____ 2nd Class Choice _____

#3 Child's Name: _____

Allergies: _____

Special Needs: _____

Grade: _____

Birthday: _____

School: _____

List Grades this child has completed in Religious Education/Catholic School: _____

Has this child received the below sacraments: Y or N

Baptism: _____ Penance: _____ Communion: _____

Confirmation: _____

Religion Baptized: _____

Baptismal Certificate: _____ Attached

_____ Previously Submitted _____ Baptized at St. Joseph

1st Class Choice _____ 2nd Class Choice _____

- Please indicate 1st and 2nd choices as classes fill quickly.
- Children must be 3 years old and potty- trained before Sept 1st to attend the PSR program.

Sunday: Preschool, Age 3&4-K

_____A_____ 9:00AM to 10:00AM

Sunday: Grades 1-5

_____B_____ 10:15 to 11:15AM

Family should not attend 10:45AM Mass

Sunday: Preschool, Age 3&4-K

_____C_____ 10:45AM to 11:45AM

Wednesday: K-Grade 5

_____D_____ 4:30PM to 5:30PM

Wednesday: Grade 1-5

_____E_____ 6:45PM to 8:00PM

Home Study: Grades 1-5

_____F_____

Office Use Only

Amount Paid: _____ Amount Due: _____

Check# or Cash: _____ Date: _____

Date Registration Received: _____

2018-2019 St. Joseph Catholic Church Medical Release and Permission Form

Family Name: _____

Children's Names and Grade:

Name _____	Grade: _____	Name _____	Grade: _____
Name _____	Grade: _____	Name _____	Grade: _____

MEDICAL RELEASE FORM

Primary Card Holder _____ DOB card holder _____
Insurance Carrier: _____
Insurance Policy Number: _____ Group #: _____
Insurance Address _____
Phone Number _____

Please Initial One of the Following:

_____ I give St. Joseph Staff permission to give my child over the counter (OTC) medication.
_____ I do NOT give St. Joseph Staff permission to give my child over the counter (OTC) medication.

PSR/Edge/LifeTeen Permission Form

I/We, the parent(s)/guardian(s) of _____ do hereby give my/our permission and approval for my/our son/daughter/guardianship to participate in classes, events, or special occasions, with St. Joseph Parish School of Religion/Edge/Life Teen at the parish location.

I/ We do hereby, for myself, my heirs, executors, and administrators, waive, release, absolve, indemnify and agree to hold harmless any and all adults who chaperone these event(s), other participants, St. Joseph Catholic Church, the Catholic Archdiocese of Atlanta, and any of the above named parties' representatives, successors, supervisors, sponsors, and/or organizers, for any injuries in connection with the outing / event(s) named above.

I/We also give permission to seek any emergency care should my child be involved in any accident or be injured in any way during such events named above. I/We understand that in any such instance, all attempts will be made to contact the parent/guardian. In the event that I/we cannot be contacted, I/we hereby give permission to the attending physician to hospitalize, secure treatment for, and to order injection, anesthesia, and/or surgery for my child, as named herein.

I also agree that I am legally responsible for all/any personal actions taken by my child/guardianship during this event, and agree to be financially responsible for any/all damages, legal fees, and other costs incurred as a result of the actions/behavior of my child/guardianship.

Furthermore, I/we agree that if the above named student's behavior is inappropriate, unsafe and/or detrimental to the group, I will be contacted immediately to secure means of removing my child/ guardianship from the event premises. I understand that any financial costs incurred as a result of my child/ guardianship being sent home are my responsibility.

Parent/Guardian Printed Name: _____ Date: _____

Parent/Guardian Signature: _____ Relationship to child: _____