

St. Joseph Faith Formation Registration Form

Child's Name _____ Male _____ Female _____
 Birth date _____ Current grade _____ School _____
 Child lives with: Both Parents _____ Mother _____ Father _____ Guardian _____

Child's Name _____ Male _____ Female _____
 Birth date _____ Current grade _____ School _____
 Child lives with: Both Parents _____ Mother _____ Father _____ Guardian _____

Child's Name _____ Male _____ Female _____
 Birth date _____ Current grade _____ School _____
 Child lives with: Both Parents _____ Mother _____ Father _____ Guardian _____

Mother/Guardian Name

Address _____ Mailing(if different) _____
 City _____ State _____ Zip _____ Email _____
 Home Phone _____ Work phone _____ Cell _____

Father/Guardian Name

Address _____ Mailing(if different) _____
 City _____ State _____ Zip _____ Email _____
 Home phone _____ Work phone _____ Cell _____

EMERGENCY CONTACT

Phone 1 _____ Phone 2 _____ Relationship _____

MEDICAL: Can this child have Tylenol if needed? Yes No

Known allergies: Yes, they are No

PHOTO RELEASE: St. Joseph has my permission to take and post photographs of my child for Parish or Diocese use including newspapers and websites. Yes No

SIGNATURE _____ DATE _____

Fees : \$25.00 a child, Family Max. of \$50.00. By Aug. 29/30- \$20.00 per child or \$40.00/family.