

REVISED 5/22/18 **St. Joseph Catholic Church** REVISED 5/22/18
Religious Education Registration for 2018-19 School Year
2018-19 RE Fee Schedule

ONE CHILD	TWO CHILDREN	THREE+ CHILDREN	LEAD TEACHER AIDE
\$80.00	\$150.00	\$180.00	FREE \$20.00 per child

THIS FORM MUST BE FILLED OUT BY THE PARENT(S)!

Family Last Name: _____

Mailing Address: _____

City: _____ Zip: _____

****PLEASE NOTIFY US IF YOUR ADDRESS OR PHONE # CHANGES DURING THE YEAR****

Home Phone #: _____ Cell Phone #: _____

Email Address: _____

Father's Name: _____

Mother's Name: _____

Emergency Contact Name and #: _____

Check All That Apply:

New Student: **Returning Student:** **Sacramental Year:**

Throughout the school year, we try to capture the life of our church community by taking pictures and video during various events. Some of our pictures and video are displayed in the parish bulletin and newsletter, as well as our parish website to share these special moments with our parish family. Please sign below to consent to your child(ren) appearing in this type of media for our parish.

Parent/Guardian Signature of Consent

Date

I WISH TO VOLENTEER FOR RE: _____ YES _____ NO

(OVER)

OFFICE	USE ONLY				Total Fees:	\$
Pymt Date						
Cash/Ck #						
Amount Pd						
Receipt #						

FIRST CHILD (OFFICE USE ONLY: RE Class:_____)

Last Name: _____ First Name: _____

DOB: _____ Gender: M / F

School: _____ School Grade 2018-19: _____

This child has been Baptized: Yes ___ No___ If yes, in the Catholic Church? Yes___ No___

This child has received First Holy Communion: Yes___ No___

I wish to Enroll this child in:

Wednesday RE class (PK-8th grade and EDGE) Session 1 6:15-7:15 pm

Wednesday existing sacramental students only Session 2 7:45-8:45
pm_____

BASIC for middle and high schoolers Sunday 9 am - 11 am _____

Sunday Confirmation class (once per month) 4:00 - 5:30 pm _____

SECOND CHILD (OFFICE USE ONLY: RE Class:_____)

Last Name: _____ First Name: _____

DOB: _____ Gender: M / F

School: _____ School Grade 2018-19: _____

This child has been Baptized: Yes ___ No___ If yes, in the Catholic Church? Yes___ No___

This child has received First Holy Communion: Yes___ No___

I wish to Enroll this child in:

Wednesday RE class (PK-8th grade and EDGE) Session 1 6:15-7:15 pm

Wednesday existing sacramental students only Session 2 7:45-8:45
pm_____

BASIC for middle and high schoolers Sunday 9 am - 11 am _____

Sunday Confirmation class (once per month) 4:00 - 5:30 pm _____

THIRD CHILD (OFFICE USE ONLY: RE Class:_____)

Last Name: _____ First Name: _____

DOB: _____ Gender: M / F

School: _____ School Grade 2018-19: _____

This child has been Baptized: Yes ___ No___ If yes, in the Catholic Church? Yes___ No___

This child has received First Holy Communion: Yes___ No___

I wish to Enroll this child in:

Wednesday RE class (PK-8th grade and EDGE) Session 1 6:15-7:15 pm

**Wednesday existing sacramental students only Session 2 7:45–8:45
pm_____**

BASIC for middle and high schoolers Sunday 9 am – 11 am _____

Sunday Confirmation class (once per month) 4:00 – 5:30 pm _____