

Parish of St. Joseph Religious Education Office  
Registration Form

Grade Entering \_\_\_\_\_ School \_\_\_\_\_

Child's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Phone \_\_\_\_\_ (Cell Preferable) \_\_\_\_\_

Address \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Child lives with: Mother \_\_\_\_\_ Father \_\_\_\_\_ Both \_\_\_\_\_ Other \_\_\_\_\_

E-Mail Address \_\_\_\_\_ (Please) \_\_\_\_\_

Send Mail to: \_\_\_\_\_

Family is registered with Parish of St. Joseph: Yes \_\_\_ No \_\_\_

**All Families must be registered with the parish**

religious Education class attendance must be continuous from Grade 1.

Sacraments child has received: Date and Church

If any sacraments were received in another church, a copy of the certificate is required.

Baptism \_\_\_\_\_ Eucharist \_\_\_\_\_

Penance \_\_\_\_\_ Confirmation \_\_\_\_\_

Any problems the teacher should know about:(this information will be kept confidential but helps our teachers properly assess our students)

Learning Disability \_\_\_\_\_ Eyesight \_\_\_\_\_ Allergy \_\_\_\_\_ Other \_\_\_\_\_

My child requires an EPI Pen: Yes \_\_\_\_\_ No \_\_\_\_\_

My child requires an Inhaler: Yes \_\_\_\_\_ No \_\_\_\_\_

We would like each family to help the CCD program at least once during the school year in one or more of the following ways: (please circle)

Substitute Teacher \_\_\_\_\_ Teacher's Aide \_\_\_\_\_ Snack Distribution (Tuesday afternoons) \_\_\_\_\_

Fee per child \$ 50.00(Grades 1-8)

Return forms and payment to: Parish of St. Joseph Religious Education Office  
573 Piermont Road  
Demarest, NJ 07627