

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 _____

Were you married in the Catholic Church: Yes____ No____

Child lives with: Mother____ Father _____ Both _____ Other _____

E-Mail Address _____

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