

# Student Information Section

**Student's Name:** \_\_\_\_\_ Email Address (*6<sup>th</sup> grade & above*): \_\_\_\_\_

Birthdate: \_\_\_/\_\_\_/\_\_\_ Grade Level: \_\_\_\_\_ School: \_\_\_\_\_ Sacraments to receive in 2010-11: \_\_\_\_\_

Issues (health, allergy, other) of your child we should be aware of: \_\_\_\_\_

Please circle all Sacraments previously received:      *Baptism*      *Reconciliation*      *1<sup>st</sup> Communion*      *Confirmation*

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**\*\*Please See Other Side\*\***

# St. Joseph Religious Education Registration Form

Please fill out completely, One form per family, Front and Back

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home #: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

Interested in volunteering? *Catechist Aide Special Events*

Name of Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship to Student(s): \_\_\_\_\_

Parish family is registered at: \_\_\_\_\_ Fee Enclosed: *YES NO* Amount Enclosed: \_\_\_\_\_

*Fee Scale:* **1 Child - \$50** **2 Children - \$75** **3 or more Children - \$100** Additional Sacramental Prep Fee - \$30

No one will be turned away due to financial difficulties – please contact Tina or Chad if you need to discuss an alternative payment plan

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## Permission and Release

I/We hereby consent to my child(ren), listed on this form, participating in the St Joseph Religious Education program. I/We hereby release the ArchDiocese of Denver and St. Joseph Parish from any financial liability resulting from my child's participation in this program. In the event my child(ren) were to become injured, I/We give permission for the supervising adults to seek medical care or treatment for my/our child(ren). I/we understand that if my/our child(ren) becomes sick or injured, every effort will be made to contact a parent or guardian. If a parent/guardian can not be reached, the emergency contact listed above will be used.

Mother/Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I further give permission for St Joseph Parish to use photographs/video of my child(ren) in presentations and/or publications, including print, web and bulletin boards.

YES  NO

Please list people other than parent/guardian who may pick up your child(ren) from class, including siblings 6<sup>th</sup> grade and older:

**\*\*Please See Other Side\*\***

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**\*\*Please See Other Side\*\***