

PAID CHECK # _____

ST JOSEPH PARISH

FAITH FORMATION REGISTRATION FORM

CHILD'S FULL NAME _____
(first) (middle initial) (last)

Child's Nick Name _____

PHONE # (HOME #) _____ (CELL #) _____ (receive text messages) _____

DATE OF BIRTH (mm/dd/year) _____ PLACE OF BIRTH (city/state) _____

EMERGENCY CONTACT _____
(Name) (number) (relationship)

Child's ADDRESS: _____
Street City State

FATHER'S FULL NAME _____ RELIGION _____

MOTHER'S FULL & MAIDEN NAME _____ RELIGION _____
must have **MAIDEN** name

Marital Status: Married _____ Divorced _____ Other _____ **CIVIL OR CHURCH MARRIAGE**

MUST HAVE BAPTISM CERTIFICATE ON FILE

Where was child Baptized (parish) _____ (City/State) _____ Date _____

HOW MANY TIMES A MONTH DO YOU ATTEND MASS _____

EMAIL ADDRESS _____
please be sure this is an email you check often as this will be used for Faith Formation Communication

FOOD ALLERGIES _____

MEDICATIONS/MEDICAL ISSUES _____

I GIVE PERMISSION FOR MY CHILD TO BE IN PHOTOS AND SHARED WITH THE PARISH YES OR NO

DISMISSAL AUTHORIZATION

CHILD'S NAME (Please Print) _____ Grade _____

I _____, give authorization to the people listed below to pick up my child
_____ from Faith Formation. I understand that anyone NOT LISTED will not be able to
allowed to pick up my child.

<u>NAME</u>	<u>PHONE #</u>	<u>RELATIONSHIP TO CHILD</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PARENT/GUARDIAN SIGNATURE _____ DATE _____