

**St. JOSEPH CATHOLIC CHURCH 2023-2024 FAITH FORMATION REGISTRATION FORM**

FAMILY NAME: \_\_\_\_\_ HOME PHONE \_\_\_\_\_ WORK PHONE: (Dad/Mom) \_\_\_\_\_  
 PARENT'S NAMES: \_\_\_\_\_ FATHER CELL \_\_\_\_\_ MOTHER CELL \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_ ADDITIONAL EMERGENCY CONTACT: \_\_\_\_\_  
 PARENT'S RELIGION (IF NOT CATHOLIC): \_\_\_\_\_ NAME & RELATIONSHIP \_\_\_\_\_  
 \_\_\_\_\_ PHONE # OF EMERGENCY CONTACT: \_\_\_\_\_  
 (FATHER) (MOTHER)

WHAT IS YOUR PREFERRED METHOD OF CONTACT: \_\_\_\_\_ CAN WE ADD YOU TO THE REMIND NOTIFICATIONS? YES / NO  
 WE ARE REGISTERED MEMBERS OF ST. JOSEPH PARISH: YES / NO IF NOT, WHAT PARISH? \_\_\_\_\_

**SACRAMENTS RECEIVED FOR EACH CHILD – INCLUDE DATE IF KNOWN**

YOUTH NAME	BIRTHDATE	GRADE	SCHOOL	BAPTISM	FIRST RECONCILIATION	FIRST EUCHARIST	CONFIRMATION	MEDICAL NOTES (ALLERGIES, MEDICATIONS ETC.)

WE ARE HERE TO ACCOMMODATE THE NEEDS OF EVERY CHILD. PLEASE NOTE ANY PHYSICAL OR LEARNING DISABILITIES  
(THIS INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL.)

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ARE THERE ANY OTHER SITUATIONS THAT WE SHOULD BE AWARE OF? (TRAUMA, COURT ORDER, FAMILY DYNAMICS, ETC.)

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PLEASE LIST ANY SPECIAL WAYS THAT WE COULD HELP YOUR YOUTH IN THEIR EDUCATIONAL AND SPIRITUAL NEEDS.

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Office use only.

Tuition \$60.00 per student or \$150 per family. (No tuition for Grade 11 Confirmation candidates.)		
Date: _____	Paid: _____	Received by: _____