

Church of Saint Joseph
6 New Street – Mendham, NJ 07945
2011-2012 Religious Education Registration Form
Grades K-10

Due July 1st, 2011

Family Name: _____ Home Phone # _____

Street Address: _____ Box # _____ City: _____ Zip Code: _____

Email: _____ 2nd Email if applicable: _____

PLEASE PRINT CLEARLY – Distinguishing numbers & letters

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Child's First Name, Last Name	Grade in Sept 2011	School Name	Gender	GRADE K-6 SUN 8:45- 10:15am \$30 each child *	GRADE 1- 6 MON 4:00- 5:15pm \$30 each child *	GRADE 7- 8 MON 7:30- 8:30pm \$30 each child	GRADE 9 SUN 5:00- 6:00pm \$40 each child	GRADE 10 SUN 7:00- 8:00pm \$50 each child	Registration is due July 1 ; after July1, there is a \$25 late fee
				*Please choose the session that your child can attend in a timely fashion (select sessions that DO NOT conflict with after school activities, sports, dance, etc.)					** Fees
1.			M / F						
2.			M / F						+
3.			M / F						+
4.			M / F						+
5.			M / F						+
									+ \$200 Family Fee
									= total fee

****Fees:** - CCD Students (Grade K-6): **\$30 per child**

TLC Students (Grade 7-8): **\$30 per child**

Plus: There is an annual flat fee of \$200 per family.

Year 1 Confirmation (Grade 9) students: **\$40 per child**

Year II Confirmation (Grade 10) students: **\$50 per child**

+ \$25 late fee after July1

Make checks payable to **“Church of St. Joseph”**

Your Check Number: _____ Amount Paid: \$ _____

Finances should never come in the way of a child's participation in our Religious Education Program. Please call the Parish House to discuss.

Are you registered with the parish? Yes _____ No _____

New to the Religious Ed program? Yes _____ No _____

Do you receive parish envelopes? Yes _____ No _____

Was your child baptized at St. Joseph's? Yes _____ No _____^{***}

****if “No”, please attach copy of baptismal certificate*

*******PLEASE COMPLETE BACK OF FORM*******

Father's Name: _____ Lives at home ____ Away from home ____ Deceased ____
 (First) (Last)

Mother's Name: _____ Lives at home ____ Away from home ____ Deceased ____
 (First) (Last)

PARENTS RELIGION: Mother's Religion _____ Father's Religion _____

Emergency Information	
Mother's Cell Phone:	Father's Cell Phone:
Emergency Contact Name:	Emergency Contact Phone:
<i>Please note any special needs: (i.e. allergies, medication, learning disabilities, concerns)</i>	
Child:	Comments:
Child:	Comments:
Child:	Comments:
Child:	Comments:

Signed: (Parent / Guardian) _____ Date: _____

VOLUNTEER OPPORTUNITIES

Volunteering as a Catechist (teacher) allows you to be eligible to have part or all of the \$200 Family Fee waived!

- Solo Catechist (teacher) = \$200 family fee waived Grade desired: _____
- Co-Catechist (co-teacher) = \$100 (1/2) family fee waived Grade desired: _____

If interested in a non-teaching position, please check here to be contacted for more information

Comments: _____
