

Church of Saint Joseph
6 New Street – Mendham, NJ 07945
2016-17 Religious Education Registration Form
Grades K-10

*CCD Registration was due on
 July 1st, 2016. Submit ASAP*

OFFICE INFORMATION BOX:
 Financial Mgr: _____
 Amount Paid: \$ _____
 Check Number: _____

Family Last Name: _____ Home Phone # _____ Primary Cell # _____

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

Email: _____ 2nd Email if applicable: _____
PLEASE PRINT CLEARLY – Distinguishing numbers & letters

Child's First Name - Last Name	Grade Sept 2016	School Name	Gender	GRADE	GRADE 1-	GRADE	GRADE	FEE STRUCTURE Grade K – 10
				K-6 CCD SUN New Time: 9:45 am 11:15am *	6 CCD MON 4:00- 5:15pm *	7 & 8 TLC MON 7:00- 8:30pm	9 & 10 CONFIRM SUN 5:00- 6:30pm	
				*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.)				\$55 per child plus \$200 Family Fee
								<i>Please list fee below according to the fee schedule dates:</i>
1.			M / F					+ \$ _____
2.			M / F					+ \$ _____
3.			M / F					+ \$ _____
4.			M / F					+ \$ _____

+ \$ 200 Family Fee

= \$ _____ **SUBTOTAL**

IF you have a 2nd or 10th grader there is an additional \$50 per child Sacramental fee:

+ \$ _____ Sacramental Fee (Grade 2 & Grade 10 ONLY)

= \$ _____ **TOTAL**

Are you registered with the parish? Yes No

Do you receive parish envelopes? Yes No

New to the Religious Ed program? Yes No

Was your child baptized in a Roman Catholic Church? Yes No

Was your child baptized at St. Joseph's? Yes No

**if "No", please attach copy of baptismal certificate*

**Make checks payable to
 "Church of St. Joseph"**

*Add \$50 if you have a
 2nd grader or a 10th grader →*

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 <i>(other than parent)</i> :	Emergency Contact Phone:
<i>Please note any special needs: (i.e. food 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: _____

PLEASE SUBMIT THE MEDIA RELEASE FORM ALONG WITH THIS REGISTRATION FORM

Roman Catholic Diocese of Paterson
 Saint Joseph Church
 Permission to Publish Students' Work &
 Release to Use Work or Image for Promotional Purposes &
 Participation in Media Events

Dear Parents/Guardians:

Throughout the year, your child may participate in special religious education events at Saint Joseph Parish. The opportunity to publish the photos of your child either alone or in a group is at the parent's discretion. The publication media includes: parish newsletter, parish web-site, parish Facebook, parish Twitter account, The Beacon, our diocesan newspaper as well as secular publications, such as The Observer-Tribune. Many newspapers also have "online" versions of stories and several are mounting video streaming or photodex presentations on their sites.

This permission slip is designed to obtain your permission to include your son/daughter in these activities. There is no compensation or penalty attached to your selection of approval. Your choice will be effective for the period of time that your child/daughter is enrolled in Saint Joseph Parish Religious Education program unless specifically changed at your written request which you may do at any time.

Please indicate & initial the media activities for which permission is granted in the appropriate column, and then sign & return this form with your religious education registration to the Parish House by July 1st.

I give permission for my child(ren)'s image and/or name to be published in the media activities I have checked and initialed below.

	YES, I agree	NO, I do not agree	Initial:
<i>The Beacon</i> or secular newspapers such as <i>The Observer-Tribune</i> : pictures, articles	_____	_____	_____
St. Joseph Parish bulletin announcements/ Newsletter	_____	_____	_____
St. Joseph Parish web-site	_____	_____	_____
St. Joseph Parish Social Media (Facebook/Twitter)	_____	_____	_____

Parent/Guardian Signature _____ Date _____

Child's Name _____ Grade _____
 _____ Grade _____
 _____ Grade _____