

Church of Saint Joseph
6 New Street – Mendham, NJ 07945
2010-2011 Religious Education Registration Form
Grades K-10

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 2010	School Name	Please circle all sacraments received	Gender	GRADE K-6	GRADE 1-6	GRADE 7-8	GRADE 9	GRADE 10
					SUN 8:45-10:15am \$30 each child **	MON 4:00-5:15pm \$30 each child **	MON 7:30-8:30pm \$30 each child	SUN 5:00-6:00pm \$40 each child	SUN 7:00-8:00pm \$50 each child
			B=Baptism P=Penance E=Eucharist C=Confirmation	M / F					
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****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.)**

TUITION RATES - There is an annual flat fee per family of: \$200 Family Fee plus:

CCD Students (Grade K-6): **additional \$30 per child** Year 1 Confirmation (Grade 9 students): **additional \$40 per child**
TLC Students (Grade 7-8): **additional \$30 per child** Year II Confirmation (Grade 10 students): **additional \$50 per child**

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 _____ Do you receive parish envelopes? Yes _____ No _____
New to the Religious Ed program? Yes _____ No _____ Was your child baptized at St. Joseph's? Yes _____ No _____

*******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:
Additional Emergency Contact Name:	Additional 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: _____

