

# SAINT JOSEPH CHURCH

**2020-21 - NEW STUDENT FORM**

OFFICE OF FAITH FORMATION - 973.383.8413

FFAssistant@stjosephnewton.org

**PLEASE ATTACH BAPTISMAL CERTIFICATE**

Student's Name: \_\_\_\_\_ Grade in school Sept-2020: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  F  M School: \_\_\_\_\_

Has your child had any previous Faith Formation?  Yes  No / Grade level attained \_\_\_\_\_

\*If Yes, where? **Parish:** \_\_\_\_\_ **City/State:** \_\_\_\_\_ **How long?** \_\_\_\_\_

Sacrament	Church where they received	Address/City/State/Zip	Date (mm/dd/yy)
Baptism			
Reconciliation			
Communion			

**Preferred email address:** \_\_\_\_\_

Mother/Guardian's Name: \_\_\_\_\_  
(Last) (First)

Address \_\_\_\_\_

Phone Number/s: (c) \_\_\_\_\_ (h) \_\_\_\_\_ (w) \_\_\_\_\_

**Email Address** (if different from above) \_\_\_\_\_

Father/Guardian's Name: \_\_\_\_\_  
(Last) (First)

Address (if different from above) \_\_\_\_\_

Phone Number/s: (c) \_\_\_\_\_ (h) \_\_\_\_\_ (w) \_\_\_\_\_

**Email Address** (if different from above) \_\_\_\_\_

***Please note that ALL information is kept strictly confidential!***

1.) Does your child have any physical, emotional, learning or medical special needs?  Yes  No

If Yes, please specify: \_\_\_\_\_

2.) If parents are separated or divorced, is there a custodial agreement regarding your child/ren?

Yes  No

**All Faith Formation Classes (Kindergarten-Grade 6 and Confirmation Grades 7-8)  
will meet on Mondays from 4:05-5:20pm**

N.B. There is no cost for Faith Formation here at Saint Joseph Church. However, there is an annual registration fee of one hundred dollars (\$100.00) per family, which covers the costs of books, supplies and other needs during the year.

***Please note that you must complete this form for each child you are registering. Thank you!***