

**For Office Use**

Family Name: \_\_\_\_\_

School Year: \_\_\_\_\_

Fee: \_\_\_\_\_ Check #: \_\_\_\_\_

**Parish Religious Education Program Registration Form**  
**Saint Joseph The Good Provider**

**2020-2021**

***Complete Form. Print clearly. For first time registrations, please bring/send a copy of your child's Baptismal Certificate.***

Child's Full Name (First, Middle, & Last)	Sex M/F	Date of Birth	Grade Level	Name of Day School	Baptism Date & Parish (First time registrants only)

***Fee for the Religious Education Program is \$ 70.00 per child with a cap of \$160.00 per family. Please make checks payable to St. Joseph the Good Provider***

***As always, if this is a hardship for anyone during this time please let me know***

Family Name: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_  
Street City Zip Code

Father's Name: \_\_\_\_\_ Work or Cell Phone #: \_\_\_\_\_ Religion \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Work or Cell Phone #: \_\_\_\_\_ Religion \_\_\_\_\_

**CUSTODY: Are there any custody/legal issues?**  yes  no (If yes, please provide any pertinent information)

\*Name of person responsible for Religious Education if not a Parent/Guardian \_\_\_\_\_ Relationship \_\_\_\_\_

\*Parent/guardian must provide a signed, dated letter of permission to the DRE which is to be kept on file and updated annually.

- I have read the Parent Handbook and agree to the requirements and expectations of the Saint Joseph The Good Provider Religious Education Program
- I give permission for my child's picture to appear on the parish name website, bulletin boards, newspaper articles in relation to events that happen in the parish.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Relationship to Child(ren) \_\_\_\_\_

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**EMERGENCY CONTACT INFORMATION:**

If we are unable to reach you, whom should we contact?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number (home) \_\_\_\_\_  
(cell) \_\_\_\_\_

**CONSENT FOR MEDICAL CARE:**

I give permission that, in my absence, my children whose names appear on page 1 of this registration form, may receive emergency medical care for injuries and all situations that should occur while participating in the Religious Education Program programs and activities at **(Saint Joseph The Good Provider)** Parish.

Signed (Parent/Legal Guardian): \_\_\_\_\_ Date: \_\_\_\_\_

**MEDICAL/LEARNING DATA**

If any of the following apply to your child, please list his/her name and give details in the appropriate spaces.

Child's Name	Medical Conditions/Allergies	Prescribed Medications	Disability / Learning Support Services	Individualized Education Program <b>IEP</b>
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO

Is there other information about your child that should be communicated?

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Please return form and payment by September 1, 2020.