

ST. JOSEPH RELIGIOUS EDUCATION (RE) PROGRAM REGISTRATION FORM 2021-2022

PRINT CLEARLY – FILL IN ALL SPACES – ALL INFORMATION

Payment due at time of registration

Father's Full Name _____ Religion _____ Parish _____

Mother's Full Name _____ Religion _____ Parish _____

Marital Status: ___ Married ___ Separated ___ Divorced ___ Widow(er) ___ Other _____

With whom does Student(s) live? (Ex. both parents, father, mother, Grandparent(s)) _____

<p>PRIMARY MAILING ADDRESS:</p> <p>Name _____</p> <p>Address _____</p> <p>City _____ Zip _____</p> <p>Phone (H) _____ (W) _____</p> <p style="text-align: center;"><i>ALL information is kept CONFIDENTIAL</i></p>	<p>In order to keep you updated on what is happening in RE. We use the following means: email, Facebook, myParish app, and texting to inform our families. Please supply email address: _____</p> <p>If you would like a text message from RE, put phone number here # _____</p> <p>In order to get information via myParish app, you must download the app. If you have questions, see the Director of RE.</p>
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EMERGENCY CONTACT:

Name _____ Phone _____

Relationship to student(s) _____

PLEASE DO NOT USE NICKNAMES WHEN FILLING OUT THIS SECTION

Students First & Last Name	Date of Birth	'21-'22 School Grade Level	Religious Ed Grade Level	Sacraments ALREADY <i>Received</i> B=Baptism R=Reconciliation E=Eucharist C=Confirmation Circle all that apply	Church, City & State of Baptism
1.				B R E C	
2.				B R E C	
3.				B R E C	
4.				B R E C	

Religious Education Fees		
	Parishioner	Non-Parishioner
1 child	\$55.00	\$70.00
2 children	\$70.00	\$85.00
3 or more	\$85.00	\$100.00
Amount: _____		
Cash or Check # _____		
Date: _____		
Received by: _____		
<u>PAYMENT DUE AT TIME OF REGISTRATION</u>		
____ Eucharist year. add \$10 for Retreat Fee		
____ Confirmation Prep, add \$25 for Retreat Fee (7th & 8th grade add this fee to your total.)		

Please list the school your children attend...

1. _____
2. _____
3. _____
4. _____

The Diocese of Kalamazoo requires that **ALL** volunteers who work with children fulfill the requirement of having a background check and attending "Protecting God's Children" (PGC) workshop.

If you would like more information please check here _____

There are times we go into the classroom or at the retreats that we will take pictures of the students. Do you give your permission to have pictures taken of your child(ren) and placed on social media?
Yes _____ No _____

Parent Signature _____

These are yearly fees.

If there is difficulty with the financial aspect, please contact the Faith Formation Coordinator. No one will be refused.

St. Joseph Office of Faith Formation * Educación Religiosa Inscripción
61 N. 23RD St. * Battle Creek, MI. 49015
Escriba con letra de Imprenta por favor. La información es confidencial.

Nombre del padre: _____ Religión: _____ Parroquia: _____
(Name of Father)

Nombre de la madre: _____ Religión: _____ Parroquia: _____
(Name of Mother)

Padres: Casados: _____ Separados: _____ Divorciados: _____ Viuda/Viudo: _____
Parents: Married Separated Divorced Widow

¿Con quien vive el estudiante o los estudiantes? _____
With whom does the child live?

Domicilio de correo de la familia: _____
(Address of Family)

Ciudad: _____ Código Posta: _____ Teléfono del Hogar: _____
(city) (zip code) (Home phone)

To best serve our families, please provide an Email address: _____

Persona de Contacto en caso de Emergencia: _____ Teléfono: _____
(Contact person in case of emergency)

Relación a estudiante: _____
(relation to student)

<u>Nombre del Niño</u>	<u>Fecha de Nacimiento</u>	<u>'21-'22 Grado escolar</u>	<u>Grado de educación de religión nivel</u>	<u>Sacraments ALREADY Received</u> B=Bautizo R=Confesión E=Comunión C=Confirmación Circular todo que aplica	<u>Iglesia, Ciudad, y Estado de Bautizo</u>
1.				B R E C	
2.				B R E C	
3.				B R E C	
4.				B R E C	

<u>Religious Education Fees</u>		
	<u>Parishioner</u>	<u>Non-Parishioner</u>
1 Niño	\$55.00	\$70.00
2 Niños	\$70.00	\$85.00
3 o mas	\$85.00	\$100.00
<u>Cantidad:</u>		
<u>Afectiva o cheque #:</u>		
<u># De recibo:</u>		
<u>Fecha:</u>		
<u>Persona que recibió:</u>		
<u>Tiene que pagar cuando registran.</u>		
<u>Los niños en nivel 2 comunión, por favor \$10 por costo de retiro</u>		
<u>confirmación, por favor \$25 por costo de retiro</u>		

What schools do your children attend? List according to number...

1. _____
2. _____
3. _____
4. _____

Necesitamos personas voluntarios: ¿Puedes ayudarnos?

_____ Catequista _____ Asistente de catequista
 _____ Hacer galletas _____ Catequista Substituya
 _____ Recepciones _____ Ceremonias especiales

El Diocese de Kalamazoo requiere todos que hacen voluntarios y trabajan con niños tienen que atender las clases "Protecting God's Children-Protegiendo los niños de Dios" y tiene que tener un referencia de la policia.

Si haz cumplido las clases por favor informarnos cuando e adonde.

Firma de padre

Apellido: _____