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Saint Jude Parish

FAITH FORMATION FAMILY REGISTRATION

Office Use Only

Bap Cert _____
Date Paid _____
Cash _____
Check No. _____
Amount \$ _____

REGISTRATION FEE - \$50 First Child,
\$30 Second Child, \$20 each additional
child

FAMILY SURNAME _____ CHILD'S LAST NAME _____
Who is responsible for religious education? Both Parents _____ Father _____ Mother _____ Guardian _____
Who is to receive correspondence? Both Parents _____ Father _____ Mother _____ Guardian _____

*In order to be environmentally friendly the Religious Education Office communicates through email whenever possible.
The best way to communicate with us is via Email _____ Phone _____
Please provide this email address or phone number _____*

FATHER'S NAME _____ HOME PHONE _____
ADDRESS _____ ZIP _____ EMAIL _____
OCCUPATION _____ RELIGION _____
Are you a registered member of Saint Jude Parish? Yes _____ No _____ If not, what parish? _____

MOTHER'S NAME _____ HOME PHONE _____
MAIDEN NAME _____
ADDRESS _____ ZIP _____ EMAIL _____
OCCUPATION _____ RELIGION _____
Are you a registered member of Saint Jude Parish? Yes _____ No _____ If not, what parish? _____

GUARDIAN'S NAME _____ HOME PHONE _____
ADDRESS _____ ZIP _____ EMAIL _____
OCCUPATION _____ RELIGION _____
Are you a registered member of Saint Jude Parish? Yes _____ No _____ If not, what parish? _____

IN CASE OF AN EMERGENCY IF YOU CANNOT BE REACHED
NAME _____ PHONE _____
RELATIONSHIP TO CHILD _____

PHOTO RELEASE INFORMATION
I give my permission to have my child/ren's photograph in the bulletin _____ on parish website _____.
I do not give permission to have my child/ren's photograph in the bulletin _____ on parish website _____.
Signature _____ Date _____

I AM INTERESTED IN VOLUNTEERING AS A: SUBSTITUTE CATECHIST (TEACHER) _____ OR HELP WITH ACTIVITIES _____

Saint Jude Parish

STUDENT REGISTRATION / PROFILE

BAPTISMAL CERTIFICATE IS REQUIRED UPON INITIAL REGISTRATION

Office Use Only

Bap Cert _____

Date Paid _____

Cash _____

Check No. _____

Amount \$ _____

Marital Status of this Child's Parents: Married _____ Separated _____ Divorced _____ Remarried _____

STUDENT NAME _____			
FIRST	MIDDLE	LAST	
BIRTHDATE _____		SEX _____	SCHOOL GRADE _____ RELIGIOUS ED GRADE _____
ADDRESS WITH WHOM STUDENT RESIDES _____			
CITY _____		ZIP CODE _____	PHONE _____
PREVIOUS RELIGIOUS EDUCATION PROGRAM _____			GRADE _____
SCHOOL ATTENDING _____			
My child has my permission to leave the building: alone _____ with sibling _____ with parent _____			

**PLEASE NOTE: The information regarding your child's particular needs will be kept confidential and only shared with the pastor, catechetical administrator and child's catechist.*

ALLERGIES _____

ANY MEDICATIONS TAKEN _____

LEARNING NEEDS (please explain) _____

HEALTH/PHYSICAL NEEDS _____

ANY ISSUES RELATED TO WEEKLY ATTENDANCE i.e. custodial arrangements, sports, activities? No _____ Yes _____

If yes, please explain _____

SACRAMENTS	DATE	CHURCH AND ADDRESS
Baptism		
Eucharist		
Confirmation		