



Date Received _____
Reg Fee \$ _____
Cash/Check # _____

RADIANT JOY FAITH FORMATION REGISTRATION

August 2-13 8:30-11:45am

\$250 one child, \$450 for two children, \$600 for three or more children

Father's Name _____ **Cell No.** _____ **Living/ Deceased**

Home Phone _____ **Religion** _____

Address _____
Street Town Zip

Mother's Name _____ **Cell No.** _____ **Living/Deceased**

Mother's Maiden Name _____ **Home Phone** _____ **Religion** _____

Address (if different than above) _____
Street Town Zip

Legal Guardian Name (if different from above) Name _____ **Cell No.** _____

Address (if different than above) _____
Street Town Zip

***Family e-mail address (REQUIRED)** _____

Child #1: Last Name _____ **First Name** _____ **M/F**
Date of Birth ___ / ___ / ___ **Special learning needs/medical conditions?** _____
Grade Entering in September _____

Child #2: Last Name _____ **First Name** _____ **M/F**
Date of Birth ___ / ___ / ___ **Special learning needs/medical conditions?** _____
Grade Entering in September _____

Child #3: Last Name _____ **First Name** _____ **M/F**
Date of Birth ___ / ___ / ___ **Special learning needs/medical conditions?** _____
Grade Entering in September _____

DISMISSAL: CIRCLE ONE: SAINT MARY SCHOOL / MATER DEI / FRONT OF CHURCH

SIGNATURE REQUIRED FOR REGISTRATION-COMplete OTHER SIDE OF THIS PAGE

****All new students (including all first graders) must attach a copy of any sacramental certificates to this registration form, including those baptized at St. Mary Church.**

Are there any custodial issues? If yes, please explain: _____

Family Covenant

As a parent/guardian of a student in a Faith Formation program, I accept primary responsibility for the religious formation of my child(ren) by modeling Christian behavior, attending weekly Mass, frequently receiving the sacraments, serving others, teaching the prayers of the Church, praying with my family, supporting my child(ren)'s participation in parish Faith Formation programs, and knowing and explaining the teachings of the Church. I WILL COMMIT TO THESE 10 DAYS OF INSTRUCTION WITHOUT EXCEPTION. I am aware that the curriculum includes Family Life Series which is mandated by the Bishops office in Trenton.

Parent/Guardian signature _____

Promotional Release

I consent to the use of any videotapes and/or photographs in which my children may appear by the Diocese of Trenton and/or the parish (without the use of my child's name). I understand that these materials are being used for promotion of the parish Faith Formation programs and/or activities, which may include recruitment and fundraising efforts.

Parent/ Guardian Signature _____ **Date** _____

EMERGENCY CONTACT INFORMATION

Please indicate below the person/s to be contacted in the case of an emergency (when the parent/guardian/spouse cannot be reached):

A. Name: _____ Phone: _____
Address: _____ Town: _____
Relationship: _____

B. Name: _____ Phone: _____
Address: _____ Town: _____
Relationship: _____

Are there any health or learning conditions of which we should be aware? If so, please explain:

I would like to volunteer for the 10 mornings as a Teacher in grade ___ / Classroom Assistant in grade ___ /
Parking Lot assistant / Hall Monitor and receive a tuition discount for volunteering