

St. Joseph Parish Religious Education Program (PREP)
865 Roosevelt Avenue, Carteret, NJ 07008 – 732-969-8767 – www.stjosephprep.net

NEW Registration/Re-Registration Form

stjosephprepsec@sjps.net

2021-2022

PLEASE PRINT

Today's Date: _____

Father's Name: _____ Religion: _____ Occupation: _____

Mother's Name: _____ Religion: _____ Occupation: _____

Mother's Maiden Name: _____ Mother or Father's E-mail: (please indicate which) _____

Language spoken at home: English _____ Spanish _____

Street Address: _____ City, State, Zip Code _____

Home Phone # _____ Work Phone # (Mom) _____ Work Phone # (Dad) _____

Cell Phone # (Mom) _____ Cell Phone # (Dad) _____

Non-Parent Emergency Contact Name: _____ Phone # _____

Relation: _____ (friend/family/neighbor?)

Are you a registered parishioner at St. Joseph Church, Carteret, NJ? Yes ___ No ___ If yes, please indicate your Family Envelope # _____

If no, in which parish are you registered? _____

I understand that as a part of raising my child in the Catholic faith, it is my responsibility to ensure that he/she attends weekly Mass.

Parent/Guardian Signature _____

FOR OFFICE USE ONLY

Reg. Fee \$ _____

Reg. Fee \$ _____

Reg. Fee \$ _____

Sub-total \$ _____

1st Comm. \$ _____

Confirm. \$ _____

TOTAL \$ _____

1st Payment due

2nd Payment due

3rd Payment due

(If your child has a current IEP from his/her school, please provide me with a copy. This information will be helpful in assisting us to work with your child in class and will only be shared with the Coordinator and appropriate grade catechist at St. Joseph PREP.)

COST: 1ST CHILD - \$125.00 2ND CHILD + \$70.00 3RD CHILD + \$60.00

***SACRAMENTAL FEE (FIRST HOLY COMMUNION) + \$80.00 *SACRAMENTAL FEE (CONFIRMATION) + \$105.00**

***THESE FEES ARE DUE AT THE TIME OF REGISTRATION**

NEW Registration/Re-Registration Form 2021-2022

PLEASE PRINT

STUDENT INFORMATION: New _____ Re-Registration _____

Name: _____ (M) ___ (F) ___ Last Grade completed in **Religious Education** _____

Date of Birth: _____

PLEASE COMPLETE BELOW IF THIS IS YOUR CHILD'S FIRST YEAR. INCLUDE A COPY OF EACH CERTIFICATE.

Church of Baptism** _____ City and State: _____ Date: _____

Church of 1st Reconciliation** _____ City and State: _____ Date: _____

Church of 1st Communion** _____ City and State: _____ Date: _____

Child lives with (please check): Mother ___ Father ___ Both ___ Other ___ (please specify)

*** Health Concerns and/or learning disabilities of which we should be aware _____

STUDENT INFORMATION: New _____ Re-Registration _____

Name: _____ (M) ___ (F) ___ Last Grade completed in **Religious Education** _____

Date of Birth: _____

PLEASE COMPLETE BELOW IF THIS IS YOUR CHILD'S FIRST YEAR. INCLUDE A COPY OF EACH CERTIFICATE

Church of Baptism _____ City and State: _____ Date: _____

Church of 1st Reconciliation** _____ City and State: _____ Date: _____

Church of 1st Communion** _____ City and State: _____ Date: _____

Child lives with (please check): Mother ___ Father ___ Both ___ Other ___ (please specify)

*** Health Concerns and/or learning disabilities of which we should be aware _____

#All health problems and/or learning disability information shared on this form is Confidential. However, if you are uncomfortable sharing information on this form, please contact the Coordinator of the PREP. ** New Registration Forms cannot be processed without the appropriate Sacramental Certificates.

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