Family Name: ________________________________________________________

Address:__________________________________________________________Apartment#________

City:_________________________ State:_________ Zip Code:____________________

Home Phone:_________________________Cell: _________________________________

E-Mail:________________________________________________________________

Father’s Name:______________________ Religion:__________________________

Mother’s Maiden Name:_________________________ Religion____________________

Father’s Occupation:_______________________ Work Phone:____________________

Mother’s Occupation:_________________________ Work Phone:____________________

Emergency Contact, Name:_______________________________________________

Phone:_________________________ Relationship:___________________________

Parish Registration: Are you a registered parishioner at St. Joachim/St. John the Evangelist:
Yes:______ No:_______

Children’s Needs:
Please indicate anything that may affect your child’s ability to learn our faith. Include their medical needs as well as, allergies, behavioral problems, special needs and family relationships, such as separation, divorced, or remarriage. Please be as specific as possible. All information is CONFIDENTIAL.______________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

Over -->
Please indicate time preferred: 8:30-10:00___ 10:15-11:45____ Wednesday 6:00-7:30pm.____

Child’s Name: Gender: Date of Birth: Grade: K-7 Baptism:

1) ___________________________ __ ______________ __________

2) ___________________________ __ ______________ __________

3) ___________________________ __ ______________ __________

4) ___________________________ __ ______________ __________

Parent’s Statement: (Please read and sign)
I appreciate that the core teachings of our faith lead us to God through the Eucharist. Realizing that the parents are the first and most important teachers in the lives of their children, I therefore pledge that we will do our best with participating in Sunday Mass, I will cooperate with the staff of St. Joachim-St. Joan the Evangelist Religious Formation.
I understand that attendance in class is important as only a short time as allocated for class each week. I am also aware that if my child misses four or more classes without notice that he or she may not precede to the next level and that will make-up any assignments that he or she may have missed.
I hereby consent to the taking of photographs, movies, videos capable of reproduction in any medium, of me or my child/children of whom I am the designated guardian.
I hereby grant to the parish the right to edit, reproduce, use and re-use images for any and all purposes including, but not limited to advertising, promotion and display and I hereby consent to the editing, reproduction, use and re-use of said images in any and all media in existence and all media yet in existence including but not limited to, video, print, television, internet and pod-cast.
I forever grant, assign and transfer to the parish any right, title and interest that I and/or my child/children may have in any images, including negatives, taken of me and/or my children by the parish. I hereby agree to release, indemnify and hold harmless the parish from any and all claims, demands, actions or causes of action, loss, liability, damage or cost arising from this authorization.

Parent/Guardian
Signed:____________________________________ Date: ________________

First child $120.00, every child there after $20.00, Communion $25.00 per child, Late Registration $25.00

For Office Use Only:
Amount Due:______________ Amount Paid:_________________ Balance Due:__________________

Check #:__________________ Cash:_______________ Date Paid:__________________