

**St. Joseph & Assumption Faith Formation  
2024-2025 Registration Form PreK-10<sup>th</sup> Grades  
Due by September 20, 2024**

(A \$15 fee will be charged for late registrations.)

**This form MUST be returned and all information must be filled out for your child to be enrolled!**

Mother's Full Name \_\_\_\_\_ Father's Full Name \_\_\_\_\_

Child's Name	Last, if different from above	Gender	Birth date	'24-25 Grade*	Home School	Sacraments Received (circle)			
						Baptism	Eucharist	Recon.	Confirmation
_____	_____	M F	_____	_____	_____	B	E	R	C
_____	_____	M F	_____	_____	_____	B	E	R	C
_____	_____	M F	_____	_____	_____	B	E	R	C
_____	_____	M F	_____	_____	_____	B	E	R	C
_____	_____	M F	_____	_____	_____	B	E	R	C

Member of Assumption St. Joseph St. Anne parish. (Please circle one.)

**CONTACT INFORMATION**

Mailing address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Parental address if different from above \_\_\_\_\_

Primary Phone # \_\_\_\_\_ Secondary Phone # \_\_\_\_\_

Primary e-mail \_\_\_\_\_ Secondary email \_\_\_\_\_

**Preferred contact method:** E-mail Remind Text Home Phone

**We will use email and the 'Remind' app frequently to send updates and info. Emails will be sent blind copy so others do not see your email.**

**REGISTRATION FEES**

	1 Child	2 or more Children
<b>Tuition Fees</b>	<b>\$60</b>	<b>\$120</b>

- I have enclosed the **tuition payment in full.**
- I have enclosed **one half the tuition payment** and **will pay the balance by January 15, 2025.**

\*If tuition imposes a financial hardship, please contact St. Joseph Parish to request a tuition adjustment.  
We are committed to offering faith formation programing to all children.

**(Please complete back side of form)**

## PHOTO RELEASE

I, \_\_\_\_\_, give St. Joseph & Assumption Parish permission to post pictures of my child/ren listed on the front of this form on bulletin boards, in the bulletin and on St. Joseph's parish website. I understand that only pictures taken at official Faith Formation and Parish events will be posted.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

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## SPECIAL CHARACTERISTICS

Known allergies to medications or food:

Child's Name \_\_\_\_\_ Allergies \_\_\_\_\_

Child's Name \_\_\_\_\_ Allergies \_\_\_\_\_

To help facilitate a proper learning environment for your children, please indicate below any condition(s) that catechists and staff should be aware of concerning **behavioral, learning, psychological or physical health.**

Is there anything else you would like to share with us about your child?