

REGISTERED ACTIVE PARISHIONERS ONLY

St. Joseph Religious Education Ministry
28 Meadow Avenue Bronxville, NY 10708
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www.saintjosephreligiouseducation.org

2019-2020 REGISTRATION
Check#: _____ Date Rec'd _____

FAMILY NAME: _____ Church Envelope. # _____

FATHER'S NAME: _____

MOTHER'S FIRST/MAIDEN NAME: _____

ADDRESS: _____

HOME PHONE: _____ MOM CELL: _____ DAD CELL: _____

MOM EMAIL: _____ DAD EMAIL: _____

Alternate Emergency Contact/Cell: _____

MOM RELIGION: _____ DAD RELIGION: _____

<u>CHILD'S NAME IN FULL</u>	<u>GENDER</u>	<u>DATE of BIRTH</u>	<u>GRADE IN SEPTEMBER</u>	<u>TIME REQUESTED</u>	<u>CHECK IF APPLICANT IS NEW**</u>	<u>SCHOOL ATTENDING</u>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

*****NEW STUDENTS ONLY: BAPTISMAL CERTIFICATE, COMMUNION CERTIFICATE (IF APPLIABLE), MUST BE RETURNED WITH THIS REGISTRATION FORM IN ODER TO PROCESS YOUR REGISTRATION. *****

EMERGENCY INFO:

Physician's name: _____ Phone#: _____

Special Medical Conditions: _____

In case of accident or illness, I request that the representative of the parish catechetical program contact me. If I am unable to be reached, I hereby authorize this representative to call the physician indicated and to follow the physician indicated and to follow the physician's instructions. If it is impossible to contact this physician, the representative of the parish catechetical program may make whatever arrangements seem necessary. I agree to assume the financial responsibility for any diagnosis, treatment, and/or medication deemed necessary. To the best of my knowledge all the information given is accurate and complete. I hereby consent to, and authorize the necessary procedures that have been stated above.

Parent/Guardian Signature: _____ Date: _____

My signature states I have read the Parent Handbook, available on our webpage www.saintjosephreligiouseducation.org, and I am giving permission for media release. (There are times Religious Education may take pictures or videos of classes and activities, your signature indicates permission for this and for the program to use the pictures in bulletins, etc.)

Parent/Guardian Signature: _____ Date: _____