

2016-2017

Church of St. Joseph Faith Formation Registration Form

Please return to the parish office. 108 3rd St NE, Mandan, ND 58554 • Phone: 663-9562

Fees are \$50 for one student, \$80 for two students, and \$120 for three or more students.

PLEASE PRINT CLEARLY & COMPLETE THE ENTIRE FORM

FATHER'S INFORMATION

First: Last:

Mailing Address:

City/Zip:

Student's Primary Address? Yes No

Email:

Home Phone:

Cell Phone:

Work Phone:

Catholic Other:

Registered at the Church of St. Joseph? Yes No

Other Parish (Please List)

MOTHER'S INFORMATION

First: Last:

Maiden:

Mailing Address:

City/Zip:

Student's Primary Address? Yes No

Email:

Home Phone:

Cell Phone:

Work Phone:

Catholic Other:

Registered at the Church St. Joseph? Yes No

Other Parish (Please List)

PARENTS MUST FILL OUT THE FOLLOWING INFORMATION

In case of an emergency I authorize the St. Joseph Faith Formation Staff to call 911.

PARENT SIGNATURE (required)

Doctor and hospital requested:

Person to call if parents cannot be reached, person to contact:

Relation to Child: Home Phone: Cell Phone:

CAN YOU HELP?? WE ARE IN NEED OF SOME VOLUNTEERS! K-7 GRADE PARENTS PLEASE FILL OUT!**

Yes I can help teach a class K-7 Mom Dad Both I regret that I cannot help out at this time.

We are also looking for some great people who would like to substitute teach for a class. Would you be willing to help as a sub??

Yes, please put me on the sub list Mom Dad Both I regret that I cannot help out at this time.

***Parents who teach will have their registration fee waived

STUDENT INFORMATION

1. Student's FIRST MIDDLE: LAST:

Male Female

Date of birth: Age: Grade:

Has been baptized? Yes No Baptismal Church

Located in the city/state of:

Has made First Reconciliation (Confession)? Yes No

Has received First Eucharist (Communion)? Yes No

Does this child have any medical conditions we should be aware of?

A FEW NOTES...

Faith Formation classes are held Wednesdays, from 7:00 - 8:15 PM.

Fees are to be included with this registration form.

IMPORTANT: Students receiving the Sacraments of RECONCILIATION, FIRST EUCHARIST or CONFIRMATION; a copy of your child's baptismal certificate IS NEEDED if they were NOT baptized at St. Joseph.

For office use:

Paid

\$

Cash

Ck#

Initials

Date

Teacher?

ADDITIONAL CHILDREN REGISTERED ON BACK?

Yes No

2. Student's FIRST _____ MIDDLE: _____ LAST: _____
Male Female

➔ Date of birth: _____ ➔ Age: _____ Grade: _____

➔ Has been baptized? Yes No Baptismal Church _____
Located in the city/state of: _____

➔ Has made First Reconciliation (Confession)? Yes No
➔ Has received First Eucharist (Communion)? Yes No
➔ Does this child have any medical conditions we should be aware of? _____

3. Student's FIRST _____ MIDDLE: _____ LAST: _____
Male Female

➔ Date of birth: _____ ➔ Age: _____ Grade: _____

➔ Has been baptized? Yes No Baptismal Church _____
Located in the city/state of: _____

➔ Has made First Reconciliation (Confession)? Yes No
➔ Has received First Eucharist (Communion)? Yes No
➔ Does this child have any medical conditions we should be aware of? _____

4. Student's FIRST _____ MIDDLE: _____ LAST: _____
Male Female

➔ Date of birth: _____ ➔ Age: _____ Grade: _____

➔ Has been baptized? Yes No Baptismal Church _____
Located in the city/state of: _____

➔ Has made First Reconciliation (Confession)? Yes No
➔ Has received First Eucharist (Communion)? Yes No
➔ Does this child have any medical conditions we should be aware of? _____

5. Student's FIRST _____ MIDDLE: _____ LAST: _____
Male Female

➔ Date of birth: _____ ➔ Age: _____ Grade: _____

➔ Has been baptized? Yes No Baptismal Church _____
Located in the city/state of: _____

➔ Has made First Reconciliation (Confession)? Yes No
➔ Has received First Eucharist (Communion)? Yes No
➔ Does this child have any medical conditions we should be aware of? _____

Thank you for choosing the Church of St. Joseph Faith Formation program. We look forward to a wonderful year with your children. Please be sure that forms are complete before turning them in. Thank you and God Bless!