

ST. JOSEPH CATECHISM PROGRAM REGISTRATION FORM 2024-2025

*PRINT CLEARLY – FILL IN ALL SPACES – ALL INFORMATION
Payment due at time of registration **ALL information is kept CONFIDENTIAL***

Father's Full Name _____ Religion _____ Parish _____

Mother's Full Name _____ Religion _____ Parish _____

Marital Status: Married Separated Divorced Widow(er) Other _____

With whom does Student(s) live? (Ex. both parents, father, mother, Grandparent(s) _____)

PRIMARY MAILING ADDRESS: Name _____ Address _____ City _____ Zip _____ Phone (H) _____ (W) _____	What is the best way to contact you and keep you updated on important Catechism information and reminders? You must pick at least one: <input type="checkbox"/> Email: _____ <input type="checkbox"/> Text: _____ What language should we contact you in? <input type="checkbox"/> English <input type="checkbox"/> Spanish
EMERGENCY CONTACT: Name _____ Phone _____ Relationship to student _____	Are there any behaviors your child's catechist should be aware of? (i.e., attention difficulty, autism, etc.) _____

<u>Students</u> <u>First & Last Name</u> <u>(No Nicknames)</u>	<u>Date of Birth</u>	<u>'24-'25 School Grade Level</u>	<u>Religious Ed Grade Level</u>	<u>Sacraments ALREADY Received</u> B=Baptism R=Reconciliation E=Eucharist C=Confirmation Circle all that apply	<u>Church, City & State of Baptism</u>
1.				B R E C	
2.				B R E C	
3.				B R E C	
4.				B R E C	

Catechism Fees

	<u>On Time</u>	<u>Late (after Aug. 18)</u>
1 child	<u>\$65.00</u>	<u>\$75.00</u>
2 children	<u>\$80.00</u>	<u>\$90.00</u>
3 or more	<u>\$95.00</u>	<u>\$105.00</u>

Amount:

Cash or Check #

Date:

Received by:

PAYMENT DUE AT TIME OF REGISTRATION-EXACT CHANGE

 Eucharist year. add \$10 for Retreat Fee

 Confirmation Prep. add \$25 for Retreat Fee
(7th & 8th grade add this fee to your total.)

These are yearly fees.

If there is difficulty with the financial aspect, please contact the Faith Formation Coordinator. No one will be refused.

Please list the school your children attend...

1. _____
2. _____
3. _____
4. _____

The Diocese of Kalamazoo requires that ALL volunteers who work with children fulfill the requirement of having a background check and attending “Protecting God’s Children” (PGC) workshop.

If you would like more information please check here _____

There are times we go into the classroom or at the retreats that we will take pictures of the students. Do you give your permission to have pictures taken of your child(ren) and placed on social media? Yes _____ No _____

Parent Signature _____

CHILD'S LAST NAME _____

MEDICAL TREATMENT RELEASE FORM

To Whom It May Concern:

As a parent/guardian, I do hereby authorize the treatment by a qualified and licensed physician of any condition that, in the opinion of the physician, is deemed necessary and appropriate. This authority is granted only after a reasonable effort has been made to reach me.

PLEASE PRINT

Name of Minor: _____ Relationship to you: _____

Reason for which release is intended: emergency treatment
during St. Joseph Religious Education Classes

Address of Minor: _____ City: _____

Emergency Phone Number(s): _____

Family Physician: _____ Phone: _____

Physician Address: _____ City: _____

List allergies, medication, contacts, or other pertinent comments:

Health Insurance Data:

Company Name: _____ Policy: _____

Group: _____ Contract: _____

I further authorize the person who presents the minor to sign the Acknowledgement of Receipt of Notice Privacy Rights that may be presented by the physician or health care facility.

This authorization is completed and signed of my own free will with the sole purpose of authorizing medical treatment deemed necessary and appropriate by the treating physician.

Date: _____ Signed: _____
(Parent or Guardian)