



800 W. Stanton St. Roseburg, OR 97471 541-673-5157 sjfx-church.org

Religious Education Program Registration Form

Preschool (age 3 yrs by September 1st ) through Fifth Grade

Sunday 10:30 am to 11:30 am

Family Information:

Last Name: \_\_\_\_\_ Parish Registered: \_\_\_ St. Joseph \_\_\_ St. Francis

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Marital Status: Single / Married / Separated / Divorced / Widowed

Father's Name : \_\_\_\_\_ Religion / Denomination \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Religion / Denomination \_\_\_\_\_

Are children living with both parents? Yes \_\_\_\_\_ No \_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_

If living with a LEGAL Guardian other than Father or Mother:

Name of legal guardian: \_\_\_\_\_ Religion/Denomination: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Release of information

We need your permission to have your child's name published or photo taken in the event their photo is published. If we do not have your permission, your child will not be included in the photo. This permission slip will stay in your child's file. My CHILD may have their name photo published for church activities and be published on the St. Joseph Church website. sjfx-church.org

Yes \_\_\_\_\_ No \_\_\_\_\_

Student Information:

List all elementary school-age children age 3 years by September 1st through 5th grade that will be enrolled in Religious Education. List all Sacraments each child has received.

Cost per child \$40.00 for books and supplies

1. Child Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Child's DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_ and place of Birth: \_\_\_\_\_

Church of Baptism: \_\_\_\_\_ City / State: \_\_\_\_\_ Date: \_\_\_\_\_

Church of First Holy Communion \_\_\_\_\_ City / State: \_\_\_\_\_ Date: \_\_\_\_\_

2. Child Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Child's DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_ and place of Birth: \_\_\_\_\_

Church of Baptism: \_\_\_\_\_ City / State: \_\_\_\_\_ Date: \_\_\_\_\_

Church of First Holy Communion \_\_\_\_\_ City / State: \_\_\_\_\_ Date: \_\_\_\_\_

3. Child Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Child's DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_ and place of Birth: \_\_\_\_\_

Church of Baptism: \_\_\_\_\_ City / State: \_\_\_\_\_ Date: \_\_\_\_\_

Church of First Holy Communion \_\_\_\_\_ City / State: \_\_\_\_\_ Date: \_\_\_\_\_

4. Child Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Child's DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_ and place of Birth: \_\_\_\_\_

Church of Baptism: \_\_\_\_\_ City / State: \_\_\_\_\_ Date: \_\_\_\_\_

Church of First Holy Communion \_\_\_\_\_ City / State: \_\_\_\_\_ Date: \_\_\_\_\_

**Total Amount due for Family:** \_\_\_\_\_ **Cost per child \$40.00 for Book and Supplies**

**Please make checks payable to:** St. Joseph Church Religious Education. Kindly include payment with your completed application. If you are unable to pay in full at time of registration, contact Parish Office 541-673-5157.

**In Case of EMERGENCY:** call Name \_\_\_\_\_

(Relationship to Student, if other than Parent or Guardian) Telephone / Cell \_\_\_\_\_

**Parent / Guardian's Signature:**

\_\_\_\_\_ Date \_\_\_\_\_

**Payment:**

For office use only:

Paid Yes \_\_\_\_ No \_\_\_\_ Payment: Cash \_\_\_\_ Check # \_\_\_\_ Receipt given \_\_\_\_ Amount \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Number of children registered \_\_\_\_\_ Balance Due \_\_\_\_\_

Initials \_\_\_\_\_ Tuition Assistance \_\_\_\_\_