

2017-2018 Parish School of Religion Registration

Pre-K through 8th grade Religious Education including Sacrament Preparation, Dates: June 2017-May 2018

Saint Joseph Church ~ Faith Formation Office

25 E. Harrison Ave, North Bend, OH 45052 (513) 941-3661

(OFFICE ONLY) Payment amount \$ _____ check# _____ cash other

REGISTRATION DATE: _____

STUDENT NAME(s): _____
(first, middle, last) _____

Would you be interested in sending in snacks/drinks? YES NO (We will contact you by email w/a choice list)

E-Mail _____ Are you currently registered in the parish? YES NO

Are parents married to each other? YES NO (if no, please make us aware of primary contact during program)

Primary contact: MOM DAD

Mother's First & Last Name: _____ Religion: _____

Mother's Maiden Name (if married): _____

Primary phone: _____ Secondary Phone: _____

Mother's Address _____ City _____ Zip _____

Father's First & Last Name: _____ Religion: _____

Primary phone: _____ Secondary Phone: _____

Father's Address (if different): _____ City _____ Zip _____

In the event of an emergency, please contact (only if parents are unavailable):

Name: _____ Phone: _____ Cell: _____

Relationship _____

Religious Education fees:

- Religious Education Program (PreK-grade 8) \$65 x (# of children) _____ = \$ _____
MAXIMUM OF \$175 PER FAMILY + SACRAMENT FEES
- First Communion & Reconciliation sacrament fee
Classes to begin in the fall of 2015 \$35 x (# of children) _____ = + \$ _____
- TOTAL DUE at time of registration: = \$ _____

Attention: Parents of Sacrament Prep students:

CURRENT BAPTISMAL RECORD MUST BE SUBMITTED WITH REGISTRATION. You need only call the church of baptism to request a record be sent to St. Joseph Church, (Attention: Barbara Yoder)

MAKE CHECKS PAYABLE TO: St. Joseph Church.

Remit form and payment to Mrs. Barbara Yoder D.R.E., St. Joseph Church
25 E. Harrison Ave, North Bend, Ohio, 45052

(over)

Please return this form, along with the Medical Release/Photo Release form and your check for the total amount of fees due as soon as possible, or by May 1, 2017. **Tuition assistance is available for those who are in need of it. All requests are kept confidential.** Tuition helps to offset the expense of text books, materials and catechists.

STUDENT REGISTRATION INFORMATION

- **Preschool & Kindergarten** students meet Sunday mornings during the 11:00 a.m. Mass, September - April
- **Grades 1-8 students** meet June 12-23 (8:45-12:30 p.m.); Grades 3-8 will meet for 5 additional classes Oct-May, 9:30-10:40 a.m.

SACRAMENT PREP NOTES:

- **Second grade (fall 2017):** Attend summer program and classes for Reconciliation & First Communion (Winter & Spring).

*PLEASE PRINT AND FILL OUT INFORMATION COMPLETELY

Last Name: _____ First Name: _____ Middle: _____

Date of birth: _____ Gender: M F Church of Baptism: _____ Date of Baptism: _____

School currently attended: _____

Circle one: PSR grade: _____ (fall 2017) Sunday preschool/kindergarten program (age 4 or 5 by Aug)

Other Sacraments Received (include church where sacrament was received): _____

Did your child attend Religion classes last year, where & which level? _____

Comments/medical notes: Indicate below if your child has a medical condition, learning disability, ADD, ADHD, allergies, or special requirements of which his/her catechist should be aware: _____

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Final date for registration: May 1, 2017