



St. Joseph's Catholic Church

Office of Religious Education
140 Broad Street, Swedesboro NJ 08085
Phone: 856-467-0037 Fax: 856-467-0038

REoffice@mail.sjcswedeseboro.org
<http://www.stjosephswedesboro.parishesonline.com>

2009-2010 REGISTRATION FORM

Mother's Full Name: _____ Father's Full Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone(home): _____ Cell Phone #: Mother's _____ Father's _____

E-Mail Address(es): _____ (we will be communicating through email & website only)

Child(ren)'s Full Name(s)	Gender	Date of Birth	Grade in September	Session Choices (Grades 7 & 8 D session only)
_____	M/F	_____	_____	A: Sunday, 8:30 – 9:45 a.m. B: Sunday, 10 – 11:15 a.m. C: Monday, 4:45 - 6 p.m. D: Monday, 6:15 – 7:30 p.m. E: Wednesday, 6:00 – 7:15 p.m.
_____	M/F	_____	_____	
_____	M/F	_____	_____	
_____	M/F	_____	_____	
_____	M/F	_____	_____	
				1 st Choice: _____ 2 nd Choice: _____

Check off any that apply. Please read this section carefully. It is critical that it be completed accurately for it will determine how and when your child(ren) will receive the sacraments.

- My child(ren) have been baptized in the Catholic Church. (All children, even if baptized at St. Joseph's Church, must have copies of their Baptismal certificates on file in the religious education office.)
- If older than 2nd grade, my child(ren) has/have received First Penance and First Communion. (Any child who did not receive First Penance and/or First Communion at St. Joseph's Church must have a copy of his/her First Penance and/or First Communion certificate/s on file in the religious education office.)
- If in 2nd grade, my child(ren) has/have finished one previous year of religious education (exclusive of kindergarten).
- If older than 1st grade and registering as a new student, my child(ren)'s previous religious education records have been submitted from our previous parish and show continuous participation of religious education from 1st grade to current grade of enrollment.
- None of the above apply to my child(ren).

Our family is registered as members of St. Joseph's Church

My child(ren) has special needs in learning. If please list in special need section.

The following language(s), in addition to English, is/are spoken in our home: _____

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Special Needs

Please indicate any special needs of which we need to be aware, including if the child/ren does/do not live with both parents:

Note: If your child has an IEP, special educational needs must be communicated immediately to the Coordinator of Religious Education and to the catechist. Please submit IEP to place in family file.

Parent Volunteer Commitment

Indicate below the help you will be offering to the religious education program. Circle one or more.

Full-time Catechist (one session) *

Full-time Classroom Aide (one session)*

Temporary Classroom Aide

Full-time Office Aide (one session)*

Temporary Office Aide

Vacation Bible School Committee*

Independent Religious Education Program Catechist

Full-Time Parking Lot Aide*

Temporary Parking Lot Aide

Full-time Door Aide*

Temporary Door Aide

Penance Service Aide (Advent, Lenten, & First Penance Services)

* This commitment requires those older than the age of 18 to have criminal background clearance and Child Abuse Prevention training before they are permitted to be with children. The religious education office will provide further details.

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Fee Schedule

Early Bird: Before April 30th

Effective May 1st

Late Fee: Effective July 2nd

\$120 for one child
 \$170 for 2 children
 \$195 for 3 children
 \$215 for 4 children
 \$235 for 5 children

\$140 for one child
 \$190 for 2 children
 \$215 for 3 children
 \$235 for 4 children
 \$260 for 5 children

\$165 for one child
 \$215 for 2 children
 \$240 for 3 children
 \$260 for 4 children
 \$285 for 5 children

If an immediate family member is a catechist, please remit \$50 for the first child, plus \$25 for each additional child.
 If an immediate family member is a full-year aide, please remit \$100 for the first child, plus \$25 for each additional child.

Total tuition enclosed \$ _____

Please Note: Sacramental fees, due at a later time, are not included in this registration fee. Payment for classes is due at the time of registration and must accompany this form unless a financial plan has already been approved. Financing plans are available upon request.

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Office use only:

Date Received: _____

Received: By Mail
 In Person: Rectory/ School
 Dropped Off at the Rectory

Amount Paid: \$ _____

Balance Due: _____

Check Number: _____

Date Rec'd: _____

Rec'd By: _____

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Emergency Information

Please Print:

Health concerns/allergies of each child: _____

In case your child is ill and we are unable to contact the parents, please provide the name of a relative or friend whom we may call. Please list someone who is within 5-10 minute driving distance.

Emergency Contact Name: _____ (contact should not be a parent /legal guardian)

Emergency Contact Phone Number (Land Line and/or Cell): _____

Relationship to Child/ren: _____

Permission Form

I hereby give permission for my child/ren _____
(Please list every child's name)
to walk to other parish buildings during the course of his/her/their religious education classes. I understand that my child/ren will be accompanied by a religious education volunteer during these outings.

(Parent Signature)

(Date)

(Parent's Printed Name)

Publicity Release

Pursuant to law, St. Joseph's Church will not release any personally identifiable information without prior written consent from you as parent or guardian. Personally identifiable information includes student names, photo or image, residential addresses, e-mail address, and phone numbers.

Check one of the following choices:

I/We GRANT permission for a photo/image that includes our child(ren) without any other personal identifiers (no name, no age or grade, no address, just a member of St. Joseph's Church, Swedesboro) to be published on St. Joseph's Church and/or The Camden Diocese public Internet site, in publications of St. Joseph Church and/or The Camden Diocese, and/or in other media that may publicize St. Joseph's Church events. **(photo only option, no name)**

I/We GRANT permission for a photo/image that includes our child(ren) and his/their name(s) (no age or grade, no address, just name and a member of St. Joseph's Church, Swedesboro) to be published on St. Joseph's Church and/or The Camden Diocese public Internet site, in publications of St. Joseph Church and/or The Camden Diocese, and/or in other media that may publicize St. Joseph's Church events. **(photo and name, age, possibly other information)**

I/We DO NOT GRANT permission for a photo/image that includes our child(ren) to be published on St. Joseph's Church and/or The Camden Diocese public Internet site, in publications of St. Joseph Church and/or The Camden Diocese, and/or in other media that may publicize St. Joseph's Church events. **(no photo)**

Parent Signature: _____

Date: _____