

Office of Religious Education
St. Joseph & SS. John & Bernard Parishes
REGISTRATION 2018-2019
(Please enter each child separately)

Last Name	First Name	Middle	G R A D E	Birth Date M/D/Y	Baptized At (Church Name) (City, State)	Course Selection Circle one per child (see below for details)
						A B C D E
						A B C D E
						A B C D E
						A B C D E

Parent Information

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

Street Address: _____ City: _____ State: MI Zip Code: _____

Home Phone: _____ Cell Phones: _____

Email: _____
(we use email for most of our communications—very important to have current legible address)

Registered at: _____ Parish Mother's Maiden Name: _____
(for sacramental documentation)

Course Fee

FEES: BEFORE September 1, \$75 for one child or \$150 per family. AFTER September 1, \$100 for one child or \$175 per family. You must be a registered member of St. Joseph Parish or SS. John & Bernard Parish to participate in our religious education and sacramental preparation programs. If you are not, you may contact the respective parish office to become a parish member.

Mail form to: Office of Religious Education at 220 Church Street, St. Joseph, MI. 49085

Checks payable to: St. Joseph Parish (Check Memo: Rel. Ed. Class)

Questions: Call 269-983-1575 or email religiouseoffice@att.net

1st & 2nd Grades

Sacramental Preparation Year 1 & 2

Option A: Class, Mondays, 6:00—7:15 p.m. @ LMC Elementary **1st & 2nd Graders must select one of these options. If 2nd grader has not attended religious education in first grade, they must sign up for Sacramental Prep Year I class**

3rd, 4th, 5th, & 6th Grades

Option B: Class, Mondays, 6:00—7:15 p.m. @ LMC Elementary School

7th & 8th Grades

Sacramental Preparation Year 1 & 2

Option C: Middle School Religious Education – every other Sunday of the month, 3:00—5:00 pm @ St. Joseph's Rose Center. (Sept.—March)
7th and 8th Grades must attend sacramental prep.

Kindergarten Only

Option D: Catechesis of the Good Shepherd **Level I** Mondays, 5:45—7:45 p.m. @ LMC Elementary School. Classes are limited by the number of children due to the nature of the program.

Online Classes offered by My Catholic Faith Delivered: Option E

Online is not an option for Sacramental Years— 1st & 2nd or 7th & 8th

Online classes for 3rd, 4th, 5th, and 6th grades. This will be considered on a limited basis only. The Religious Education Department recommends all children learn in a classroom setting. Please place reasoning on the form and a decision will be made by the office of Religious Education. Please note being in a sport/dance/cheer are not legitimate reasonings.

******PLEASE TURN SHEET OVER AND FILL OUT MEDICAL & PHOTO AUTHORIZATIONS******

Medical Treatment Authorization

As a parent/guardian, I do hereby authorize the treatment of my minor child/children listed below by a qualified and licensed physician of any condition which, 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.

I further authorize the person who presents the minor to sign the Acknowledgment of Receipt of Notice of 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 due to injury or illness sustained during religious education classes, testing, and/or activities by St. Joseph/SS. John & Bernard Parishes Religious Education Program.

Names of Children

List of Allergies, Medications, or Other Pertinent Information

(If your child has a learning disability that requires an IEP in their public school setting, please indicate that here.)

Emergency Contacts

Health Insurance Information

Company: _____ Policy#: _____

Group#: _____ ID#: _____

Family Physician Name: _____ Phone: _____

Address: _____ City: _____

Date: _____ Parent Signature: _____

Print Name: _____

If there are any custodial/legal rights of parents and/or guardians that we should be made aware of or if you wish your child to be picked up by an adult other than a legal parent, please notify us in writing.

Photo Release: With my signature, I hereby grant permission to St. Joseph/SS. John & Bernard Parishes to publish my child's/children's names, photos, or video images in connection with a display, feature story, or other publication as deemed appropriate by the Parishes. This photo may be used in connection with parish bulletin boards, parish or youth ministry websites, publicity materials, and/or parish bulletins.

Permission is granted by : _____

Printed Name: _____ Relationship to child: _____