

Registration Form

2008 - 2009

Office of Faith Formation
and Youth Ministry

St. Joseph's Parish
45 MacArthur Drive, Scotia, NY 12302

Phone: 518-374-3382

Fax: 518-374-3383

Email: dasimone@aol.com

Rate Schedule

♦ Prior to May 19th \$35/child
\$80 for a family of 3 or more.

♦ After May 19th \$45/child
\$95 for a family of 3 or more.

For families requesting it, payment plans
may be arranged.

Registered* at St. Joseph's Parish? Yes No

If No, name of parish you are affiliated with: _____

We attend Mass regularly time your family attends: _____ We do not attend Mass regularly:

*A registered and active member of the Parish attends Mass at St. Joseph's Church on a weekly basis and has submitted a registration form in the Parish Office.

Family Name: (mailing format: ie. Mr. & Mrs. John Smith, Ms. Jane Doe, etc.)

Street Address _____

City _____ NY Zip _____

Home Phone _____ Unlisted? Yes No

Parent / Guardian Information

Please Print

Relationship to Child: _____ Relationship to Child: _____

Name: _____ Name: _____

Religion: _____ Religion: _____

Marital Status: _____ Marital Status: _____

Occupation: _____ Occupation: _____

Employer: _____ Employer: _____

Work Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

Email: _____ Email: _____

Student Registration

For Office Use Only: Date Rec'd _____
Check # _____ Art: _____ Prt. Plan Y N
Bapt. Rec'd: _____ Rec'd _____

Child Information:

_____ Sex: M F
Last Name First Name
_____ Place of Birth _____
Birth Month/Day/Year

Mother's Maiden Name: _____

Child's Date of Baptism: _____
Church Name and Address: _____

For new families registering, if your child was not Baptized at St. Joseph's Church, Scotia, please enclose a copy of the baptismal certificate.

Child's School: _____ Grade of 2008-2009: _____

Number classes in order of preference. Classes will be filled on a first come, first serve basis. If first preference is filled, we will try and put your child in the next preference you have. If a member of your immediate family or yourself is a catechist, aide, or gate keeper, you will be guaranteed your first preference.

Grades 1-5 only (First preference is #1 and so on)
Sunday 9:10 - 10:10AM _____ Monday 3:30 - 4:30 PM _____ Wednesday 3:30 - 4:30 PM _____

Grade 6 - Will meet Wednesdays from 3:30 - 4:30 ONLY

Grades 7 - 11 will meet on evenings from 7:00 - 8:30 PM - schedule to be determined.

<p>PLEASE INDICATE:</p> <p><input type="checkbox"/> I would like my child's class schedule mailed to me</p> <p><input type="checkbox"/> I would like my child's class schedule emailed to me.</p>
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MEDICAL / EDUCATIONAL NOTATION: Does your child have any medical conditions or special educational needs or learning disabilities? No Yes

If Yes, please specify: _____

In the event of an emergency, if you are unable to reach me, please contact the following:

Name and relationship to child: _____

Home Phone: _____ Cell Phone: _____ Other: _____

<p>VOLUNTEERING:</p> <p>I am interested on assisting the program as a Catechist (teacher) _____, Classroom Aide _____, a substitute teacher _____, a Gatekeeper _____, with service projects _____, other area of interest _____.</p> <p>Indicate name and contact information of the immediate family member who would be willing to help the program as well: _____</p> <p>_____</p>
