

# Registration Form 2009 – 2010

## Office of Faith Formation and Youth Ministry

Saint Joseph's Parish

45 MacArthur Drive, Scotia, NY 12302

Phone: 518-374-3382

Fax: 518-374-3383

Family Name (Mailing format: i.e. Mr. & Mrs. John Smith; Ms. Jane Doe)

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home phone \_\_\_\_\_ Unlisted? Yes No (Circle one)

Registered at St. Joseph's Parish? Yes No (Circle one)

If NO, name of the parish you are affiliated with: \_\_\_\_\_

We attend Mass weekly at \_\_\_\_\_ o'clock.  We do not attend Mass weekly.

### Parent / Guardian Information Please Print Clearly

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: \_\_\_\_\_

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

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

**Volunteering:** I am interested in assisting the program as a Catechist(teacher) \_\_\_\_; Classroom Aide\_\_\_\_; Substitute teacher\_\_\_\_; Gatekeeper\_\_\_\_; Assist with service projects\_\_\_\_; Office Assistance (phone calls and/or mailings) \_\_\_\_\_

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**ALL** registrations must be **received** at the Faith Formation and Youth Ministry Office by **July 1**

**Registration Fee: \$50 – one child; \$100 – two or more children.**

If a child registering for the first time was *not* Baptized at St. Joseph's, you must submit a **Baptismal Certificate** for that child **at the time of registration.**

### For Office Use Only:

Date Received: \_\_\_\_\_ Check # \_\_\_\_\_ Amt: \$ \_\_\_\_\_

Baptismal Records: Y N Rec'd \_\_\_\_\_

**Information: Student 1**

\_\_\_\_\_  
(Last Name) (First Name) Sex: M F

\_\_\_\_\_  
(Date of Birth – Month/Day/Year) Place of Birth (City, State)

Mother's Maiden Name \_\_\_\_\_

Child's Date of Baptism \_\_\_\_\_ Church of Baptism \_\_\_\_\_ City \_\_\_\_\_

Child's Public School: \_\_\_\_\_ Grade 2009-2010 \_\_\_\_\_

**Grades 1 – 6** select:

( ) Sunday 9:00 AM – 10:00 AM or ( ) Monday 3:30 PM – 4:30 PM

**Grades 7 through 11:** 7:00PM to 8:30PM on Days to be announced.

**Medical/Educational Notation:** Does your child have any medical conditions, food allergies or special educational needs or learning disabilities? Yes No (Circle one)

If YES, specify. \_\_\_\_\_

**Information: Student 2**

\_\_\_\_\_  
(Last Name) (First Name) Sex: M F

\_\_\_\_\_  
(Date of Birth – Month/Day/Year) Place of Birth (City, State)

Mother's Maiden Name \_\_\_\_\_

Child's Date of Baptism \_\_\_\_\_ Church of Baptism \_\_\_\_\_ City \_\_\_\_\_

Child's Public School: \_\_\_\_\_ Grade 2009-2010 \_\_\_\_\_

**Grades 1 – 6** select:

( ) Sunday 9:00 AM – 10:00 AM or ( ) Monday 3:30 PM – 4:30 PM

**Grades 7 through 11:** 7:00PM to 8:30PM on Days to be announced.

**Medical/Educational Notation:** Does your child have any medical conditions, food allergies or special educational needs or learning disabilities? Yes No (Circle one)

If YES, specify. \_\_\_\_\_

**In the event of an emergency, and I am unable to be reached, please contact:**

Name \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Phone \_\_\_\_\_ Other Phone: \_\_\_\_\_

\* For Additional Children in the family, please submit the same information.