**St. Joseph Faith Formation**

**Youth Ministry Registration Form**

**For Office Use Only**

**# \_\_\_\_\_\_\_\_\_\_ Reg. Fee \_\_\_\_\_\_\_\_\_\_**

**Date \_\_\_\_\_\_\_\_\_ Check # \_\_\_\_\_\_\_\_\_\_**

**Rec'd by \_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_**

**PARENTS/GUARDIANS MUST BE REGISTERED IN THE PARISH.**

**FAMILY Information**

**Head of the Family Name :**   **Parish ID #**

**Family Mailing Address:**

**City/State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone:**  **Home / Work / Cell** **Unlisted?**

**Email:**   **Send Email?**

**When sending mail address to: Mr./Mrs. Mr. Mrs. Miss Ms. Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Photographs of my child/children taken during Faith Formation activities may be printed in parish publications. Yes / No?**

**1st PARENT/GUARDIAN Information**

**Last Name:**  **First Name:**  **Gender:**

**Relationship to Child:**  **Marital Status:**  **Religion:**

**Occupation:**  **Phone:**  **Home / Work / Cell**  Unl?

**Prefer Email?** Y N **Phone:**  **Home / Work / Cell**  Unl?

**Email:**  **Phone:**  **Home / Work / Cell**  Unl?

**2nd PARENT/GUARDIAN Information**

**Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **First Name:**  **Gender:**

**Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Marital Status:**  **Religion:**

**Occupation:**  **Phone:**  **Home / Work / Cell**  Unl?

**Prefer Email? Y N**  **Phone:**  **Home / Work / Cell**  Unl?

**Email:**  **Phone:**  **Home / Work / Cell**  Unl?

**EMERGENCY CONTACT: Please give us the name and number of a local person, if we are unable to reach a parent or a guardian.**

**Name:**  **Relationship to your child:**

**Home Phone:** **Cell**: **Work:**

**STUDENT Information**

**Last Name:**  **First Name:**  **Nickname:**

**Birth Date:**  **Gender:**  **Religion:**

**Grade starting in August 2019:**  **School:**

**Health Concerns:**

**Phone:**  **Home / Cell ?** **Email:**  **Prefer Email?** Y N

**Class Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(For Office Use Only)**

**Did student attend classes in our program during 2018/2019? Yes No**

***NEW STUDENT*: *This part must be filled out for students (GRADES 6-12) who were not in our program last year*.**

**Did student attend a Faith Formation class in another parish during 2018/2019? Yes No**

**Was your child enrolled in a Catholic parochial school last year? Yes No**

**Has your child received the following sacraments?**

**Baptism** Yes No **If yes, Roman Catholic Church \_\_\_\_ or Other Denomination\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reconciliation** Yes No

**First Eucharist** Yes NoMonth & Year \_\_\_\_\_\_\_\_\_\_\_\_\_

**Confirmation**  Yes NoMonth & Year \_\_\_\_\_\_\_\_\_\_\_\_\_

**ALL SACRAMENTAL PREPERATION REQUIRES TWO YEARS OF PREPARATION.** If your student attended first year preparation in another parish or Catholic school last year**,** include a letter from that parish or school indicating what preparation was completed along with the attendance record**. Students must be baptized to enter sac prep program. A COPY OF YOUR STUDENT'S BAPTISMAL CERTIFICATE IS REQUIRED TO PROCESS THIS FORM. If the student was baptized here at St. Joseph Catholic Church, please indicate month and year.**

**PARENTAL COMMITMENT FOR FAITH FORMATION.**

I am aware at least one parent or guardian must attend all parent meetings scheduled throughout the school year. I am aware that regular Mass attendance is an essential part of formation for my student. I confirm I am a legal parent/guardian/conservator and have the civil authority to arrange sacramental preparation and spiritual formation for the minor(s) named on this form.

PARENT SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**THIS SECTION REQUIRES A SIGNATURE FOR FORM TO BE PROCESSED.**

**PLEASE INDICATE CHOICES BELOW where applicable for classes starting Sun, Sept 8, 2019 and Wed, Sept 11, 2019.**

**6th Grade:** Age on 8/31/2019 \_\_\_\_\_\_ 4:00 PM Sun \_\_\_\_\_ 6:15 PM Wed \_\_\_\_

**GRADES 7-8:** Indicate first and second choices: 4:00 PM Sun \_\_\_\_\_ 6:15 PM Wed \_\_\_\_

If First Eucharist preparation is needed, is this \_\_\_ first year or \_\_\_ second year of preparation?

**GRADES 9-12:**  7:15 PM Sun \_\_\_\_\_

If First Eucharist preparation is needed, is this \_\_\_ first year or \_\_\_ second year of preparation?

**STUDENT Information**

**Last Name:**  **First Name:**  **Nickname:**

**Birth Date:**  **Gender:**  **Religion:**

**Grade starting in August 2019:**  **School:**

**Health Concerns:**

**Phone:**  **Home / Cell ?** **Email:**  **Prefer Email?** Y N

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