

St. Joseph Church Religious Education Program

40 Spring Street Lodi, NJ 07644

973-779-8275 stjoelodireodre@yahoo.com

Class Times
Grades 1-8 Sunday (CF) 10:00-11:15 ____
Grades 1-8 Tuesday 4:00-5:15 ____

FIRST TIME Registration 2019-2020

Child's Name _____ **Age** _____ **Date of Birth** ____/____/____

Town/State of Birth _____

****A copy of child's Birth and Baptism certificate must be on file before sacraments are received! ****

School Child Attends _____ **Grade Sept. 2019** _____ **Rel. Ed.** _____

Father's Name _____
Address/Street/Apt. # _____
City/State/Zip _____
Occupation _____

Home Phone # _____
Cell Phone # _____
Father's Religion _____

(If address is the same for both parents please indicate _____)

Mother's Name _____
Address/Street/Apt. # _____
City/State/Zip _____
Maiden Name _____ **Occupation** _____

Home Phone # _____
Cell Phone # _____
Mother's Religion _____

E-Mail (required) _____

Student Lives with: () Both Parents () Mother () Father () Guardian

Emergency Contact other than SELF Name: _____ **Phone:** _____

Religious Education Program previously attended if any: _____

Are you registered in this parish? Yes _____ No _____

***Special Needs** (Examples: learning disability, asthma, allergy, etc.) *Required*

Baptism Date ____/____/____ **Church & Address** _____

First Eucharist ____/____/____ **Church & Address** _____

First Reconciliation ____/____/____ **Church & Address** _____

Registration Fee: \$70 per child \$150.00 for 3 or more children

Additional fees First Rec./Comm. Additional \$50 Confirmation \$75 **checks payable to St. Joseph REO**

**** Office Use only**** **Date rec'd** _____ **Amount** _____ **Cash** _____ **Check #** _____

**** Please provide us with an up to date photo of your child to give their teacher along with the class list****

Office Notes

Additional information

Certificates:

Baptismal _____ Reconciliation_____ Communion _____