

St. Joseph Church

Religious Education Program
40 Spring Street Lodi, NJ 07644
973-779-8275 stjoelodireodre@yahoo.com

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

FIRST TIME Registration 2017-2018

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. 2017 _____ Rel. Ed. ____

Father's Name _____ Home Phone # _____
Address/Street/Apt. # _____ Cell Phone # _____
City/State/Zip _____ Father's Religion _____
Occupation _____

Mother's Name _____ Home Phone # _____
Address/Street/Apt. # _____ Cell Phone # _____
City/State/Zip _____ Mother's Religion _____
Maiden Name _____ Occupation _____

Mail Correspondence to: _____ E-Mail Address: _____
(Mr. & Mrs., Mrs., Mr., or Ms.) (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 \$40 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 _____