

**Returning 2017-18** Family Name (last name) \_\_\_\_\_

Parents \_\_\_\_\_ Mom's Maiden Name \_\_\_\_\_

Primary Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Home Phone # \_\_\_\_\_  
Cell Phone (M) \_\_\_\_\_  
Cell Phone (D) \_\_\_\_\_

Primary Email address \_\_\_\_\_

Emergency contact Name and # \_\_\_\_\_

*\*\* Use FIRST TIME REGISTRATION FORM for child new to our program. \*\**

<b>Child 1</b> _____ M/F _____ Grade _____ Birthday _____
<b>School Attends:</b> _____ <b>Special Needs:</b> _____
Sunday (grades 1-8) 10:00 – 11:15 _____ Tuesday (grades 1-8) 4:00-5:15 _____

<b>Child 2</b> _____ M/F _____ Grade _____ Birthday _____
<b>School Attends:</b> _____ <b>Special Needs:</b> _____
Sunday (grades 1-8) 10:00- 11:15 _____ Tuesday (grades 1-8) 4:00-5:15 _____

<b>Child 3</b> _____ M/F _____ Grade _____ Birthday _____
<b>School Attends:</b> _____ <b>Special Needs:</b> _____
Sunday (grades 1-8) 10:00-11:15 _____ Tuesday (grades 1-8) 4:00-5:15 _____

<b>Child 4</b> _____ M/F _____ Grade _____ Birthday _____
<b>School Attends:</b> _____ <b>Special Needs:</b> _____
Sunday (grades 1-8) 10:00-11:15 _____ Tuesday (grades 1-8) 4:00 -5:15 _____

**Registration Fee: \$70.00 per child 3 or more children \$150**

**Additional Fees** First Rec./Comm. \$40 Confirmation \$75 checks payable to St. Joseph REO

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

Saint Joseph 40 spring Street Lodi NJ 07644  
973-779-8275 [stjoelodireodre@yahoo.com](mailto:stjoelodireodre@yahoo.com)

**\*\*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

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All certificates are on file \_\_\_\_\_

If not what's missing:

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