

Returning 2018-19 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. ****

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

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

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

Child 4 _____ M/F _____ Grade _____ Birthday _____
School Attends: _____ Special Needs: _____
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

****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

All certificates are on file _____

If not what's missing:
