

Returning 2019-2020 Family Name _____

Parents _____ Mom's Maiden Name _____

Primary Address

_____ Home Phone # _____
Cell Phone (M) _____
Cell Phone (D) _____

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) (CF) 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. \$50 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:
