Saint Joseph Parish Religious Education Program Warrington, PA 18976

**Registration Form #1- Family Information for 2024-2025 School Year**. Please fill this form out completely. The fee for the 2024-2025 school year will be $130 for one child, $234 for two children and $351 for three or more children. Payment will only be by check or cash at this time. The check should be made out to St Joseph Church.

**Family Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**E-Mail Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Phone or Preferred Contact Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Father's Name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Father's Work/Cell Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Father's Religion:\_\_\_\_\_\_\_\_\_\_\_**

**Mother's Name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Mother's Work/Cell Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Mother's Religion:\_\_\_\_\_\_\_\_\_\_**

**Custody: Are there any custody/legal issues? (If yes, please provide a complete copy of the latest court order)**\* **Yes** **No**

**Name of person legally responsible for Religious Education if not a Parent or Legal Guardian** \*Parent/Guardian must provide a signed, dated letter of permission to Mr. James Ness & will be kept on file and updated annually. **Relationship to Child:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I give permission for my child's name and/or image to appear on the parish and archdiocesan social media page/websites, bulletin boards, newspaper articles, parish bulletin, synchronous remote learning which may be recorded and posted on the parish and/or archdiocesan website, and live-streamed and/or recorded liturgies and events associated with the parish religious education program.

* Yes
* No

**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Child(ren):\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact Information:** If we are unable to reach you, who should we contact? **Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone Number**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Transportation Permission:**  I give my permission for the following individual(s) to drive my child(ren) to and from St. Joseph Parish Religious Education Program in the event we are unable to **Name(s) of Individual(s):**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Consent for Medical Care:** I give permission that, in my absence, my children whose names appear on this registration form, may receive emergency medical care for injuries and all situations that should occur while participating in the Religious Education Program's programs and activities at St. Joseph Parish, Warrington PA 18976

**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**