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St. Joseph's Faith Formation

Family Registration Form 2024-2025

Registration fee 1 child : \$60 2 children : \$100 3+ children : \$120

Family (last) Name: _____ *Please fill in ALL information on ALL pages completely.*

Street Address: _____

City, State, & Zip: _____

Mailing Address (if different): _____

Home Phone: _____

Email address: _____

***** Parent/Guardian Information *****

Name: _____

Name: _____

Relationship to child: _____

Relationship to child: _____

Religion: _____

Religion: _____

Cell number: _____

Cell number: _____

custodial parent (if applicable): _____

*Please note any special circumstances that we should be aware of: _____

***** Emergency Contact Information *****

In the event of an emergency, if I am unable to be reached, please contact:

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Home phone #: _____

Home phone #: _____

Cell phone #: _____

Cell phone #: _____

***** Dismissal Information *****

The following people have permission to pick up my child(ren) from Faith Formation class:

Roman Catholic Diocese of Albany

PERMISSION FOR PHOTOGRAPHS / VIDEOTAPES / FILMS

September 2024 - September 2025

Household/Family Name _____

(please Print)

I hereby authorize and give my consent for the taking of pictures (moving or still) of the following children (please list names of all children attending Faith Formation):

_____	_____
_____	_____
_____	_____

and further acknowledge and understand that group/public/generic pictures may be used for public relations purposes where no personal information is provided. _____ Initials

This space may be used to state any restrictions you may have on the above.

Signature: _____

Relationship to child/children: _____

Date: _____

PLEASE FILL-IN ALL INFORMATION TO THE BEST OF YOUR KNOWLEDGE

******* Student #1 Information *******

Student name: *first* _____ *middle* _____ *last* _____

Gender: male / female Current grade: _____ Last FF grade level completed: _____

Date of Birth: ____/____/____ Birth Place (City & State): _____

Medical/Special Needs/Concerns: _____

Previous religious education (if any, other than at St. Joseph's):

Parish: _____ City & State _____ Years attended: _____

Sacrament	Year	Church	City & State
<i>Baptism:</i>	_____	_____	_____
<i>1st Comm:</i>	_____	_____	_____
<i>Confirm:</i>	_____	_____	_____

******* Student #2 Information *******

Student name: *first* _____ *middle* _____ *last* _____

Gender: male / female Current grade: _____ Last FF grade level completed: _____

Date of Birth: ____/____/____ Birth Place (City & State): _____

Medical/Special Needs/Concerns: _____

Previous religious education (if any, other than at St. Joseph's):

Parish: _____ City & State _____ Years attended: _____

Sacrament	Year	Church	City & State
<i>Baptism:</i>	_____	_____	_____
<i>1st Comm:</i>	_____	_____	_____
<i>Confirm:</i>	_____	_____	_____

***** Student #3 Information *****

Student name: *first* _____ *middle* _____ *last* _____

Gender: male / female Current grade: _____ Last FF grade level completed: _____

Date of Birth: ____/____/____ Birth Place (City & State): _____

Medical/Special Needs/Concerns: _____

Previous religious education (if any, other than at St. Joseph's):

Parish: _____ City & State _____ Years attended: _____

Sacrament	Year	Church	City & State
<i>Baptism:</i>	_____	_____	_____
<i>1st Comm:</i>	_____	_____	_____
<i>Confirm:</i>	_____	_____	_____

***** Student #4 Information *****

Student name: *first* _____ *middle* _____ *last* _____

Gender: male / female Current grade: _____ Last FF grade level completed: _____

Date of Birth: ____/____/____ Birth Place (City & State): _____

Medical/Special Needs/Concerns: _____

Previous religious education (if any, other than at St. Joseph's):

Parish: _____ City & State _____ Years attended: _____

Sacrament	Year	Church	City & State
<i>Baptism:</i>	_____	_____	_____
<i>1st Comm:</i>	_____	_____	_____
<i>Confirm:</i>	_____	_____	_____

***** For Coordinator Use Only *****

Amount Paid: \$ _____ Cash/Check (# _____) Date: ____/____/____ Received by: _____