

Saint Joseph Religious Education
8 Robinson Avenue Danbury, CT 06810
Phone (203) 778-1920
Fax (203) 730-0026

Office Use Only: Date Received _____
 Session/Grade _____
 Fee _____
 Payment _____
 Catechist _____

REGISTRATION 2019-2020

Student's Name _____ M ___ F ___ Age _____ Birthdate _____

Address _____ City _____ ST _____ Zip _____

Phone _____ Parent's Email _____

Public School attending in September, 2019 _____ Grade _____

Last attended Religious Education classes? Yes ___ No ___ Where? _____

Parish of Registration _____

Mother's Name _____
First Maiden Last

Father's Name _____

Mother's Work Phone _____ Mother's Cell _____

Father's Work Phone _____ Father's Cell _____

A copy of Sacrament certificate(s) must accompany new registrations.

Record of Sacraments

	Date	Church	City, State
Baptism			
First Communion			

Early Registration Fees: One child \$150 2 or more children \$275

Registration Fees after June 21st: One child \$175 2 or more children \$325

*****Additional Sacrament Fees: First Communion - \$50 & Level II Confirmation - \$70*****

*Checks made payable to Saint Joseph Church. Credit card payment is available through
 Online Giving via the Parish website: www.stjosephchurchdanbury.org*

Please check:

Grades 1 – 6: Tuesday _____ Wednesday _____

(Grades 1-6 classes meet weekly, 4:00 - 5:15 p.m.)

Confirmation Classes: Level I _____ Level II _____ Sunday _____ Wednesday _____

*(Confirmation classes meet approximately twice per month, Sundays 10:15 - 11:45 a.m. or
 Wednesdays 4:00 - 5:15 p.m.)*

PLEASE COMPLETE ADDITIONAL INFORMATION AND SIGN ON THE REVERSE SIDE.

Saint Joseph Religious Education Requirements 2019-2020

1. I have read the Mission Statement and agree to follow the guidelines of the Religious Education program.
2. I give my permission to provide my child's catechist with necessary student and family information.
3. Does your child have any learning or physical disabilities? If yes, please explain:

4. Does your child have a medical condition or allergy? If yes, please explain:

5. Does your child have a life-threatening allergy that would require the immediate use of an epi-pen for treatment of symptoms? If yes, please explain:

*Please note: If your child has a life threatening allergy, we require a doctor's authorization and parental form in order for your child to carry and self-administer an epi-pen. We do not have medical personnel on staff and cannot administer medication of any kind. The St. Joseph School building is not a sterile or nut-free environment.

Signature of

parent/guardian: _____ **Date:** _____

Print name: _____

***Volunteers are essential to our program. Please volunteer and choose one of the following:**

Catechist (Teacher) _____
Catechist Aide _____

Substitute Catechist _____
Door/Hallway Monitor _____

Have you taken "Protecting God's Children" (Virtus Training) ? Circle: Yes No

*All volunteers must complete Virtus Training and a background check. Please see Mrs. Smierciak for more information.