

Student Last Name _____

ST. JOSEPH CHURCH

Office of Religious Education

606 Shore Road, Somers Point, New Jersey 08244

PHONE 609-927-3568, EXT. 24 FAX 609-653-8707

EMAIL: reled@stjosephsomerspoint.org

SUMMER PROGRAM -- REGISTRATION FORM

2023/2024 School Year

Non-refundable Registration/Tuition Fee is \$150/child or \$180/family. Catechist tuition is FREE. A \$30 DISCOUNT WILL BE OFFERED FOR REGISTRATIONS RECEIVED BY MARCH 13, 2023.

Family Name : _____

Address: _____
Street City/Zip

Father's Name _____ Father's religion _____

Father's Business Phone: _____ Cell _____

Mother's Name (with Maiden) _____ Mother's religion _____

Mother's Business Phone _____ Cell _____

Parent to call regarding class _____ Phone _____

Email address _____

Child lives with: both parents mother father
Family attends Mass: Always Frequently Seldom Never

School District _____ Home Parish _____

Children's Names	Entering Grade	M/F
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please note:
Regular attendance at PREP classes, six (6) Family Events and Sunday Mass is required, as well as parent parent participation in sacramental preparation meetings.

Does your child have any special needs, medical condition or allergies? _____
(This information will be shared with your child's catechist only and it will not marginalize your child in any way, but will help your child's catechist address your child's special needs.)

Grade 1-7 classes will be held in St. Joseph Regional School from Monday, June 26th to Friday, June 30th and Wednesday, July 5th to Friday, July 7th from 9:00-12:00 Noon. Summer PREP Family Mass date and time tba.

We are looking for faithful, practicing Catholics to be catechists for our program. If you'd like to be considered to minister to our children in Summer PREP, please let us know here: teacher aide no, thanks

We reserve the right to search anything brought onto the property or into the classrooms including cell phone content/messages.

For office use only: _____
Date received in RE Office: _____
Paid cash check credit card late fee DS _____
BC _____
LTR _____

NEW FAMILIES MUST ALSO COMPLETE THE BACK OF THIS FORM

NEW REGISTRATION: (FOR ALL NEW STUDENTS) (Please list ALL information.)

Child # 1

NAME _____ DOB _____ BIRTHPLACE _____
ENTERING REL. ED. GRADE _____ PUBLIC SCHOOL GRADE _____ NAME OF SCHOOL _____
LEARNING DISABILITIES OR MEDICAL PROBLEMS _____
WAS CHILD BAPTIZED IN A CATHOLIC CHURCH? _____ CHURCH OF BAPTISM? _____
LOCATION OF CHURCH OF BAPTISM _____ BAPTISMAL DATE _____
BAPTISMAL CERTIFICATE **MUST BE ATTACHED** IF NOT BAPTIZED AT ST. JOSEPH CHURCH.
HAS CHILD RECEIVED FIRST COMMUNION? _____ CHURCH OF FIRST COMMUNION _____
MOTHER'S NAME _____ MAIDEN NAME _____ FATHER'S NAME _____
MOTHER'S RELIGION _____ FATHER'S RELIGION _____

Child # 2

NAME _____ DOB _____ BIRTHPLACE _____
ENTERING REL. ED. GRADE _____ PUBLIC SCHOOL GRADE _____ NAME OF SCHOOL _____
LEARNING DISABILITIES OR MEDICAL PROBLEMS _____
WAS CHILD BAPTIZED IN A CATHOLIC CHURCH? _____ CHURCH OF BAPTISM? _____
LOCATION OF CHURCH OF BAPTISM _____ BAPTISMAL DATE _____
BAPTISMAL CERTIFICATE **MUST BE ATTACHED** IF NOT BAPTIZED AT ST. JOSEPH CHURCH.
HAS CHILD RECEIVED FIRST COMMUNION? _____ CHURCH OF FIRST COMMUNION _____
MOTHER'S NAME _____ MAIDEN NAME _____ FATHER'S NAME _____
MOTHER'S RELIGION _____ FATHER'S RELIGION _____

Child # 3

NAME _____ DOB _____ BIRTHPLACE _____
ENTERING REL. ED. GRADE _____ PUBLIC SCHOOL GRADE _____ NAME OF SCHOOL _____
LEARNING DISABILITIES OR MEDICAL PROBLEMS _____
WAS CHILD BAPTIZED IN A CATHOLIC CHURCH? _____ CHURCH OF BAPTISM? _____
LOCATION OF CHURCH OF BAPTISM _____ BAPTISMAL DATE _____
BAPTISMAL CERTIFICATE **MUST BE ATTACHED** IF NOT BAPTIZED AT ST. JOSEPH CHURCH.
HAS CHILD RECEIVED FIRST COMMUNION? _____ CHURCH OF FIRST COMMUNION _____
MOTHER'S NAME _____ MAIDEN NAME _____ FATHER'S NAME _____
MOTHER'S RELIGION _____ FATHER'S RELIGION _____

Child # 4

NAME _____ DOB _____ BIRTHPLACE _____
ENTERING REL. ED. GRADE _____ PUBLIC SCHOOL GRADE _____ NAME OF SCHOOL _____
LEARNING DISABILITIES OR MEDICAL PROBLEMS _____
WAS CHILD BAPTIZED IN A CATHOLIC CHURCH? _____ CHURCH OF BAPTISM? _____
LOCATION OF CHURCH OF BAPTISM _____ BAPTISMAL DATE _____
BAPTISMAL CERTIFICATE **MUST BE ATTACHED** IF NOT BAPTIZED AT ST. JOSEPH CHURCH.
HAS CHILD RECEIVED FIRST COMMUNION? _____ CHURCH OF FIRST COMMUNION _____
MOTHER'S NAME _____ MAIDEN NAME _____ FATHER'S NAME _____
MOTHER'S RELIGION _____ FATHER'S RELIGION _____