

Student Last Name \_\_\_\_\_

**ST. JOSEPH CHURCH**  
**Office of Religious Education**

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**WEEKLY 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 27, 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 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.)

**Weekly PREP for Grades 1-7 will begin in September, 2023. All classes will be held in the St. Joseph Regional School on Monday evenings from 5:45 to 7:00 p.m.**

**8<sup>th</sup> grade will meet for a minimum of 4 workshops, a retreat, and other Confirmation-centered activities (instead of regular weekly classes) beginning in the Fall of 2023. (Dates TBD)**

**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 weekly 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 \_\_\_\_\_  
DATE 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 \_\_\_\_\_  
DATE 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 \_\_\_\_\_  
DATE 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 \_\_\_\_\_  
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MOTHER'S NAME \_\_\_\_\_ MAIDEN NAME \_\_\_\_\_ FATHER'S NAME \_\_\_\_\_  
MOTHER'S RELIGION \_\_\_\_\_ FATHER'S RELIGION \_\_\_\_\_