WEEKLY PROGRAM -- REGISTRATION FORM **Date: _____**

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

Student Last Name_____

Non-refundable Registration/Tuition Fee is $200 for first child and $50 for any additional siblings. There will be a early discount of $25 if form and payment received by 03/31. Payment due at time of registration.

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	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 K-7 will begin in September, 2026. All classes will be held in the St. Joseph Regional School on Monday evenings from 5:45 to 7:00 p.m.

8th grade will meet for a minimum of 4 workshops, a retreat, and other Confirmation-centered activities (instead of regular weekly classes) beginning in October, 2026.

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.
Catechist tuition is FREE.
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

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_____
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_____