

ST. JOSEPH CHURCH RELIGIOUS EDUCATION (CCD) REGISTRATION 2018-2019

Registration Fee: \$120.00 one child
 \$175.00 two children
 \$230.00 three or more children

St. Joseph Parish registration required. Envelope# _____

Make Check Payable to: **St. Joseph's Church** Return Form with fee to: St. Joseph Religious Education, 750 Peachtree Street, Herndon VA 20170-3798. **Students preparing for Sacraments must provide a copy of their Baptismal Certificate.**

Family Name _____ Father's Name _____ Religion _____

Mother's Maiden Name _____ Mother's First Name _____ Religion _____

Address _____ City/Town _____ Zip Code _____

Home Telephone _____ Work/Cell _____ / _____
 Telephones Father Mother

Email address _____

Emergency contact/phone: _____

Child(ren) Reside With: Mother Father Both Other

Child/Children's Last Name **(If different from family name as above)** _____

Student's Full Name	School Grade Sept. 2018	Date of Birth	Catholic Baptism	Sacraments students have received:			Gender
				Penance	Eucharist	Confirmation	
			Yes/No	Yes/No	Yes/No	Yes/No	M/F
			Yes/No	Yes/No	Yes/No	Yes/No	M/F
			Yes/No	Yes/No	Yes/No	Yes/No	M/F

Write student's name under proper column. **Please note:** Students enrolling in the Preschool classes must have reached the age of three by April 1, 2018. For grades 5 through 8: Please choose Monday or Tuesday night and write your child's name in the appropriate box below.

Grades K-4th – Saturday, 9:00am-10:30am

Grades 5th -8th – Monday, 7:00pm-8:30pm or
 Tuesday, 7:00pm-8:30pm

Special Sacraments/
 RCIC- Tuesday, 7:00pm-8:30pm

Pre-school - Sunday, 10:00am-11:00am

Monday Grade 5-8 7:00pm-8:30pm	Tuesday Grade 5-8 7:00pm-8:30pm

For Office use only: Total\$ Due _____ Paid _____ Cash _____ Check# _____ Date _____

Family Name: _____

Registered child/children _____

Does your child have any special educational or physical needs? It is very important that we are aware of this fact so that your child's Religious Education Teacher can work with you and your child.

Yes No If yes, please give child's name, grade, and explain:

Does your child take any medication on a regular basis that we should be aware of?

Yes No If yes, please give child's name, grade, and explain:

**CATHOLIC DIOCESE OF ARLINGTON
PHOTO, PRESS, AUDIO, AND ELECTRONIC MEDIA RELEASE**

I authorize the **Catholic Diocese of Arlington**, its parishes and/or schools to use and publish the photographs and/or motion picture or videotape for which my child(ren) have posed.

I agree that the **Catholic Diocese of Arlington**, its parishes and/or schools may use such photographs of my child(ren) with or without their name and for any lawful purpose, including for example such purposes as publicity, illustration, bulletin, and Web content.

I have read and understand the above:

Signature _____

Printed name _____

Date _____

I understand and will comply with the policies stated in the St. Joseph Religious Education Parent-Student Handbook found on the Parish website: www.sjcherndon.org, under the "Faith Formation" tab. A hard copy of the handbook will be distributed at the Parent's Orientation meeting.

Signature _____ Date _____
