



**OFFICE OF FAITH FORMATION
REGISTRATION FORM 2015-2016**

Child's Name _____ Date of Birth _____
Last First

Address _____
Street City & Zip Code

Home Phone (_____) _____

Full Time School Entering in September _____ Grade _____ Sex _____

Has your child previously attended Faith Formation? ____ Yes ____ No
How many years of instruction? _____ Where? _____

FAMILY INFORMATION:

Father _____ Mother _____
Last First Maiden First

Father's Work Phone (_____) _____

Cell (_____) _____ E-Mail Address _____

Mother's Work Phone (_____) _____

Cell (_____) _____ E-Mail Address _____

Is your family registered in the parish? ____ Yes ____ No Envelope # _____
If NO, where are you registered? _____

Father's Religion _____ Mother's Religion _____

Father's Occupation _____ Mother's Occupation _____

Is there any health/educational information you would like to share with us about your child?

Registration Fee: 1 – child _____ 2 – or more children _____
\$25 \$50

____ I give permission for my child to be photographed and/or videotaped during ministry activities and events. I understand my child may decline to be photographed and/ or videotaped at any time. I further grant permission for the resulting photographs and/or videotaped footage to be edited, if necessary and to be published and/or videotape for the purpose of promoting ministry and/or youth programs at St. Joseph.

Name (please print) _____

(Signature) _____

_____ I do not give permission for my child to be photographed and/or videotaped under any circumstances.

Name (please print) _____

(Signature) _____

EMERGENCY INFORMATION:

In case of a serious accident or serious illness, I request Faith Formation to contact me. I hereby authorize the Faith Formation to call the physician indicated below and to follow his/her instructions. If it is impossible to contact the physician, Faith Formation may make the appropriate arrangements for the care of my child.

Signature of parent or guardian _____

Physician's Name _____

Address _____

Office Phone (_____) _____ Home/Exchange (_____) _____

Hospital _____

Name two relatives or neighbors who will assume temporary care of your child if you can't be reached.

Name _____

Address _____ Phone (_____) _____

Name _____

Address _____ Phone (_____) _____

Do any of your children receive any Special Services at their school or after hours? ____ Yes ____ No

Explain:

Child _____

Child _____

PLEASE NOTE THAT MY CHILD HAS SPECIAL MEDICAL NEEDS OR MEDICATIONS:

Please list: _____

ADULT VOLUNTEER OPPORTUNITIES:

I would like to be a Catechist _____ or a Co-Catechist _____

Please contact me: Name _____

Child's Name _____

SACRAMENTAL INFORMATION:

Baptism: ____ Yes ____ No Date: _____

Church _____

Address _____
Street City, State, Zip Code

***Please present a copy of the Baptismal Certificate with Registration**

First Communion: ____ Yes ____ No Date: _____

Church _____

Address _____
Street City, State, Zip Code

Confirmation: ____ Yes ____ No Date: _____

Church _____

Address _____
Street City, State, Zip Cose



St. Joseph's Catholic Church Charleston, SC
Religious Education Calendar
2015-2016
Wednesdays - 6:15 PM - 7:30 PM

September

- 09 First Class
- 16 Class
- 23 Class
- 30 Class

First Reconciliation Mtg.
10/7
6:30 PM

January 2016

- 06 Return to Class
- 13 Class
- 20 Class
- 27 Class

First Communion Mtg.
01/13
6:30 PM

October

- 07 Class - Rosary
- 14 Class
- 21 Class
- 28 Class

February

- 03 Class
- 10 Class & Mass (Ash Wednesday)
- 17 Class
- 24 Class

First Communion Retreat 2/6
9:30 AM – 12:30 PM

November

- 04 Class
- 11 Class
- 18 Class
- 25 Thanksgiving Holiday

Confirmation Mtg.
11/4
6:30 PM

March

- 02 Class
- 09 Class
- 16 Class
- 23 **NO CLASS – Holy Week †**
- 30 **NO CLASS - Spring Break**

December

- 02 Class
- 09 Class
- 16 Class & Christmas Party Celebration
- 24 Christmas Holiday
- 31 Christmas Holiday



April

- 06 Class
- 13 **NO CLASS**
- 20 Class
- 27 Class

May

- 01 Confirmation 10:30 am Mass
- 04 May Crowning - Class
- 11 Last Class & Awards

**** Required meetings & activities for Sacramental Prep Classes**

Teaching Touching Safety will be taught to students in grades 1 and 2 on November 5 and all others students on November 12th.