

St. Joseph Parish School of Religion Registration

(Please fill out both sides of this registration form!)

6024 Old Antonia Road Imperial, MO 63052

Registration for 2009 – 2010

Child(ren) live(s) with: Both Parents / Mother/Father/Joint Custody/Other

PSR SESSION (please circle one):

Sunday

Wednesday

Correspondence/statements will be mailed to this address:

Parents' Last Name

Parents' First Names

Street Address

City

State

Zip Code

Home Phone Number: _____

Alternate Phone Number for School Reach: _____

E-Mail Address: _____

Is there someone your child cannot be released to? If so, please state names: _____

Child's Last Name

Child's First Name

M.I.

Birthdate

Grade 09/10

Child's Last Name

Child's First Name

M.I.

Birthdate

Grade 09/10

Child's Last Name

Child's First Name

M.I.

Birthdate

Grade 09/10

Child's Last Name

Child's First Name

M.I.

Birthdate

Grade 09/10

Are you a registered Parishioner of St. Joseph? YES _____ NO _____

In case of an accident or serious illness:

I hereby authorize St. Joseph School to call 911 & the school, St. Joseph, to make whatever arrangements deemed necessary for the well being of my child. St. Joseph will make every attempt to contact the parents or legal guardians.

PARENT'S SIGNATURE

DATE

St. Joseph Parish School of Religion
PSR Student Emergency Information

Student(s) Name(s): _____

Grade(s): _____

Please indicate if your child has any health-related problems that we need to be aware of (allergies, asthma, diabetes, etc.):

Parent Signature: _____ Date: _____

St. Joseph Parish School of Religion
Tuition Agreement

Family Name: _____

Please mark Session that you would like to attend: Sunday _____ Wednesday _____

Tuition amount per child:

\$125.00/1 child - \$215/2 children - \$295/3 children, \$80 for each additional child

Tuition Due as follows: 1/2 Due at time of registration

Remainder due June 30th

Payments can be dropped off at the parish office or mailed to:

St. Joseph Church
Attn: Cindy Maloney
6020 Old Antonia Rd.
Imperial, MO 63052

If you are unable to make the above payment schedule, please contact Cindy Maloney at the Parish Office, 636-464-1013, X 222 to discuss payment options.

Payment Received: _____ Check # _____

St. Joseph Parish School of Religion Sacrament Information

6024 Old Antonia Road Imperial, MO 63052
Registration for 2008 – 2009

Parents' Last Name		Parents' First Names	
Street Address		City	State
Home Phone Number:		Zip Code	
E-Mail Address:			

Information below must be filled out! Please attach a copy of each child's baptismal certificate, if not baptized at St. Joseph.

Child's Name: _____ Date of Birth: _____

Baptism Information: Baptism Date: _____ Church of Baptism: _____

First Communion Information: 1st Communion Date: _____ Church of First Communion: _____

Confirmation Information: Confirmation Date: _____ Church of Confirmation: _____

Child's Name: _____ Date of Birth: _____

Baptism Information: Baptism Date: _____ Church of Baptism: _____

First Communion Information: 1st Communion Date: _____ Church of First Communion: _____

Confirmation Information: Confirmation Date: _____ Church of Confirmation: _____

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Baptism Information: Baptism Date: _____ Church of Baptism: _____

First Communion Information: 1st Communion Date: _____ Church of First Communion: _____

Confirmation Information: Confirmation Date: _____ Church of Confirmation: _____

Child's Name: _____ **Date of Birth:** _____

Baptism Information: **Baptism Date:** _____ **Church of Baptism:** _____

First Communion Information: **1st Communion Date:** _____ **Church of First Communion:** _____

Confirmation Information: **Confirmation Date:** _____ **Church of Confirmation:** _____

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Baptism Information: **Baptism Date:** _____ **Church of Baptism:** _____

First Communion Information: **1st Communion Date:** _____ **Church of First Communion:** _____

Confirmation Information: **Confirmation Date:** _____ **Church of Confirmation:** _____

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Baptism Information: **Baptism Date:** _____ **Church of Baptism:** _____

First Communion Information: **1st Communion Date:** _____ **Church of First Communion:** _____

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