

FAITH FORMATION REGISTRATION 2007-2008
PRE K—12TH GRADE Registration Deadline: AUGUST 19, 2007
 Church of Saint Joseph, 41 East First Street, Waconia, MN 55387 952-442-2384

Parent (Guardian) Information

Name		
Street Address		
City, State, Zip		
Email		
Phone	(h) _____	(w) _____

Parent (Guardian) Information

Name		
Street Address		
City, State, Zip		
Email		
Phone	(h) _____	(w) _____

Student Information for 2007-2008 school year

Name	Gender	Grade	Sacraments Received <i>(If not received at St. Joseph, indicate church, city, and state.)</i>	Special Needs <i>(academic, physical, medical)</i>
			Baptism- Penance- Eucharist-	
			Baptism- Penance- Eucharist-	
			Baptism- Penance- Eucharist-	
			Baptism- Penance- Eucharist-	

Check one or more boxes below:

<input type="checkbox"/>	Yes, we are registered parishioners at the Church of St. Joseph.
<input type="checkbox"/>	No, we are NOT registered parishioners at the Church of St. Joseph.
<input type="checkbox"/>	Parent is a Catechist or a Confirmation Coordinator for the Faith Formation Program. <i>(tuition waived)</i>
<input type="checkbox"/>	We home school our children in Faith Formation. We will be billed for materials ordered.

TUITION—Parishioner Rate

Number of Students			
Pre K - 12th	_____	x \$70 =	\$ _____
Additional material fee For sacrament year	_____	x \$10 =	\$ _____
TOTAL TUITION			\$ _____

TUITION— Non Parishioner Rate

Number of Students			
Pre K - 12th	_____	x \$140 =	\$ _____
Additional material fee For sacrament year	_____	x \$10 =	\$ _____
TOTAL TUITION			\$ _____

Please enclose tuition with this form.

No one will be denied involvement due to an inability to pay the tuition. If you need assistance, please contact Bonnie De-laney, accountant at 442-2384.

We understand the related church policies and choose to enroll our child(ren) in the Church of St. Joseph Faith Formation Program and abide by its policies.

Parent/Guardian Signatures:

Signature: _____ Date: _____ Signature: _____ Date: _____

**St. Joseph Parish Faith Formation
PARENTAL CONSENT FORM & INDEMNITY AGREEMENT**

Student/Participant Name _____

Date of Birth _____ Sex _____

Parent/Guardian Name _____

Home Address _____

Home Phone _____ Business Phone _____

I, _____, grant permission for _____
Parent or Guardian Name Child Name

to participate in the above named activity and I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify the parish and the Archdiocese of St. Paul & Minneapolis from any claims or law suits brought against the parish/Archdiocese of St. Paul & Minneapolis by myself, my child or others, that arises out of any behavior by my child at the event/activity described above. I also agree to pay reasonable attorney's fees or expenses incurred by the parish/school and the Archdiocese in defense of such a claim/suit.

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I give permission to transport my child to a hospital for medical treatment. I wish to be advised prior to any further treatment by a doctor or hospital. In the event of any emergency, if you are unable to reach me at the above numbers, contact

Name Phone Number

OPTIONAL MEDICAL INFORMATION:

Medication my child is taking at present _____

Allergies _____

Other Medical Conditions _____

Family Health Plan carrier number _____

Family Doctor _____ Phone Number _____

As Parent or Guardian, I agree to all of the above stated considerations and conditions.

Signature Date