

St. Joachim Parish Religious Education Registration Form 2021/2022
601 W. Browning Rd., Bellmawr, NJ 08031
856-931-8590

Family Information: **Registered Family Parish** _____

**Email address (necessary for all Religious Education correspondence)*

Family last name _____

Father's name _____ Mother's name _____

Child lives with – *(Please circle the one that applies)* **Both** **Mom only** **Dad only**

Home address _____

City, State & Zip _____

Mom's Cell # _____ Dad's Cell # _____

Emergency contact Name _____

Phone # _____ Relationship to child _____

Student information *** INDICATE DAY OR EVENING PREFERENCE FOR LEVELS 1, 2 & 3 ONLY**

Student's full name Grade * Day/Evening Birth date M/F

TUITION PAYMENT INFORMATION (Please indicate option below)

1 Child \$100

2 or more Children \$175

___ I will pay tuition in full by September 15, 2021

___ I will pay tuition Quarterly (Payments due Sept 15, Nov. 1, Feb. 1 and April 1)

___ I will pay tuition Bi-Annually (Payments due Sept. 15 and Feb. 1)

(OVER)

MEDICAL INFORMATION

Please list any special conditions that may affect your child, such as physical, emotional or learning issues, allergies to food, etc. We appreciate enough information to enable us to be sensitive and responsive to your child's needs. If necessary, please list the child below with their special needs.

***** NEW STUDENTS ONLY *****

Please supply a copy of your child's Baptismal certificate when registering.

SACRAMENT DETAILS

NAME Date/Sacrament PARISH WHERE SACRAMENT TOOK PLACE

PARENT MEDIA CONSENT FORM

Permission is granted for a photo/image that includes this student without any personal identifiers to be published on St. Joachim's internet site, posting in our Church Gathering Space or School.

YES **NO**

Signature of Parent/Guardian _____

Date _____