St. Joachim Parish Religious Education Registration Form 2023/2024 601 W. Browning Rd., Bellmawr, NJ 08031

856-931-8590

Family Information:		**Regist	ered Famil	y Parish	
*Email address (nece	ssary for all Religious	Education c	orresponde	nce)	
Family last name					
Father's name		Mother'	s name		
Child lives with – (Ple	ease circle the one the	at applies)	Both	Mom only	Dad only
Home address					
City, State & Zip					<u>.</u>
Mom's Cell #		Dad's C	Cell #		
Emergency contact N	lame				
Phone #	Re	lationship to	child		
Student information	* <u>INDICATE DAY</u>	OR EVENING	<u> PREFEREN</u>	ICE FOR LEVELS 1,	2 & 3 ONLY
Student's full name	<u>Grade</u>	* Day/Eve	ning	Birth date	<u>M/F</u>
TUITIO	N PAYMENT INFORM	<mark>//ATION</mark> (Ple	ase indicat	e option below)	
	1 Child \$150	2 or m	ore Childre	n \$225	
I will pay tuition	in full by September Quarterly (Payments Bi-Annually (Paymer	due Sept 15		•	(OVER)

MEDICAL INFORMATION

learning issues	s, allergies to food, etc. We app	reciate enough information to enable us to be If necessary, please list the child below with
their special ne	•	in necessary, pieuse list the cima selow with
	*** NEW STU	DENTS ONLY ***
Plea	se supply a copy of your child's	Baptismal certificate when registering.
SACRAMENT D	DETAILS	
NAME	Date/Sacrament	PARISH WHERE SACRAMENT TOOK PLACE
	PARENT MEDI	A CONSENT FORM
_		ncludes this student without any personal ernet site, posting in our Church Gathering Space
YES	NO	
Signature of P	arent/Guardian	
Date		