

# St. Joachim Parish Religious Education Registration Form 2025/2026

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 –** ☐ Both ☐ Mom only ☐ Dad only ☐ Grandparents ☐ Other

**Home address** \_\_\_\_\_

**City, State & Zip** \_\_\_\_\_

**Mom's Cell #** \_\_\_\_\_ **Dad's Cell #** \_\_\_\_\_

**CUSTODY OF CHILD** \_\_\_\_\_

**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 \$150**

**2 or more Children \$225**

- ☐ I will pay tuition in full by September 9, 2025  
☐ I will pay tuition Quarterly (Payments due Sept 9, Nov. 4, Feb. 3 and April 7)  
☐ I will pay tuition Bi-Annually ( Payments due Sept. 9 and Feb. 3)

**MEDICAL INFORMATION**

Please list any special conditions that may affect your child, such as physical or 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.

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**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**\_\_\_\_\_

**PARENT AGREEMENT**

I Parent/Guardian of \_\_\_\_\_ agree to attend Mass as often as possible that includes feast/holy days of obligation. I also understand that I must attend and volunteer at least 2 Parish events as part of sharing my faith with my family as a unit.

**Signature of Parent/Guardian**

\_\_\_\_\_ **Date**\_\_\_\_\_

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

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

**SACRAMENT DETAILS**

<u>NAME</u>	<u>Date/Sacrament</u>	<u>PARISH WHERE SACRAMENT TOOK PLACE</u>
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2.		
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3.		
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4.		
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5.		
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