

# Formation Registration 2023-2024

Family Name: \_\_\_\_\_  
Head of Household: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Suffix: \_\_\_\_\_

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Spouse: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_

Family Info: Registered in parish \_\_\_\_ Yes \_\_\_\_ No Name of Parish: \_\_\_\_\_  
Home Address Line 1: \_\_\_\_\_  
Home Address Line 2: \_\_\_\_\_  
City/State: \_\_\_\_\_ Street Zip: \_\_\_\_\_

Phone Number	Description	Unlisted?
_____	Home/Office/Cell/Other	Yes/No
_____	Home/Office/Cell/Other	Yes/No
_____	Home/Office/Cell/Other	Yes/No
_____	Home/Office/Cell/Other	Yes/No

Email: \_\_\_\_\_ Send Email when possible? \_\_\_\_ Yes \_\_\_\_ No

Siblings in SRI:	Name:	Grade:	Session:
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Student Information: Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

SRI Session: (Please check preferred session)

\_\_\_\_ Sunday, 9:00-9:50 AM

\_\_\_\_ Sunday, 11:00-11:50 AM

\_\_\_\_ Distance Learning

Personal:	Relationship: _____	Gender: _____	Grade: _____
	Language: _____	Birthdate: _____	Ethnicity: _____
	Health Issues: _____	Special Needs: _____	
	Religion: _____	School: _____	
	Doctor/Phone: _____	Hospital Pref: _____	

Check which sacraments have been recieved: \_\_\_\_ Baptism \_\_\_\_ 1st Penance \_\_\_\_ 1st Communion \_\_\_\_ Confirmation  
Baptism Certificate on file \_\_\_\_ yes \_\_\_\_ no

Emergency Contacts: Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Fees:	TUITION	HOMESCHOOL TUITION	Please make check payable to:
2023-2024	\$85.00 - 1 child	\$50.00 1 child	St. Joseph Church
	\$140.00 - 2 or more children	\$65.00 2 or more children	
	\$15.00 late fee after Oct. 9, 2023		Amount Enclosed: _____

Office Use: \_\_\_\_\_ Date Rec'd \_\_\_\_\_ Amount \_\_\_\_\_ Cash \_\_\_\_\_ Check/Check # \_\_\_\_\_

## SRI Student Data Form 2023-2024 School Year

**(Complete one form per student please)**

Student Name:	DOB:	Date:
Allergies/Learning/Behavior/ Special Needs:		

Emergency Contact Names	Relationship	Contact Number

People Permitted to Pick-up Student	Relationship	Contact Number

<b>Emergency Medical Authorization Form: (PLEASE PRINT)</b>	
Student's Name:	
In the event emergency treatment is needed, I give the hospital, its authorized personnel and/or physician permission to treat my son(s)/daughter(s) as necessary.	
Signed:	Date:
Physician:	Physician Phone #:
Dentist:	Dentist Phone #:
Hospital Preference:	

-OR-

I DO NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring medical treatment, I wish the parish authorities to take no action.	
Signed:	Date:

Photography Waiver: I give permission for my child to be in photographs taken during SRI by a staff member. The pictures may be used in various communications or publicity.	
Signed:	Date: