

**ST. JOSEPH CO-CATHEDRAL RELIGIOUS EDUCATION**

721 Canal Blvd. Thibodaux, La. 70301

(985) 446-1387

**2018-2019 REGISTRATION FORM K- 9<sup>th</sup> GRADE (Please use black or blue ink pen not pencil)**

- (1) Child's name: (FIRST) \_\_\_\_\_ (MIDDLE) \_\_\_\_\_ (LAST) \_\_\_\_\_
- (2) Address: \_\_\_\_\_ (3) Phone # Home \_\_\_\_\_
- (4) Sex of Child: M F Emergency: \_\_\_\_\_ Cell: \_\_\_\_\_
- (5) In August of 2018 my child will be in the \_\_\_\_\_ grade in Religious Education.
- (6) Last Grade of Religious Education my child completed is \_\_\_\_\_ grade.
- (7) In August of 2018 my child will be in the \_\_\_\_\_ grade in Public School.
- (8) The school my child will be attending in 2018-2019 \_\_\_\_\_
- (9) Date of Birth: \_\_\_\_\_ (10) City of Birth: \_\_\_\_\_
- (11) Date of Baptism: \_\_\_\_\_
- (12) Church Where Baptized: \_\_\_\_\_
- (13) City where church located: \_\_\_\_\_
- (14) Has your child received the Sacrament of First Communion? \_\_\_\_\_
- (15) Father's Name: (FIRST) \_\_\_\_\_ (MIDDLE) \_\_\_\_\_ (LAST) \_\_\_\_\_
- (16) Place of employment: \_\_\_\_\_ (17) Phone: \_\_\_\_\_
- (18) Religion: \_\_\_\_\_
- (19) Mother's Name: (FIRST) \_\_\_\_\_ (MAIDEN) \_\_\_\_\_ (LAST) \_\_\_\_\_
- (20) Place of employment: \_\_\_\_\_ (21) Phone: \_\_\_\_\_
- (22) Religion: \_\_\_\_\_

**FOLLOWING QUESTIONS:**

If the father and mother are separated or divorced who is the legal guardian?

- (23) Name: \_\_\_\_\_
- (24) Address: \_\_\_\_\_ (25) Phone: \_\_\_\_\_
- (26) Names and grades of other children in our CCD Program:

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- (27) Church Parish that my child belongs to is \_\_\_\_\_
- (28) Are you and your child a REGISTERED Parishioner of this Parish? \_\_\_\_\_
- (29) Have you filled out a census form? \_\_\_\_\_

No REGISTRATION FEE for registered parishioners before March 19, 2018. There will be a \$30.00 registration fee per child after March 19, 2018. Out of parish registration fee is \$30.00 per child, if permission granted. Replacement book cost is \$30.00 per book.

(OVER)

**(30) Does your child have any medical problems we should know about?**

**If so please explain \*\*\*\*\***

**Child has following medical problems:**

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**Child takes following medications:**

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**Safe Environment-Circle of Grace classes are now a part of our Parish Curriculum. Please be advised that we will have two safe environment classes each year. This class will include materials issued by the diocese on safe environment issues. Please let me know if you have any questions, concerns, or if you choose to do this mandated lesson at home with your child. Otherwise, your child will be included in our safe environment lessons.**

**Emergency Contacts and Phone Numbers:**

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**\*PLEASE MAKE SURE WE ALWAYS HAVE A CURRENT/WORKING PHONE NUMBER, IF YOUR NUMBER SHOULD CHANGE, PLEASE NOTIFY US!!**

**SOCIAL MEDIA: By signing below, I give permission to have my child's photo posted on St. Joseph Co-Cathedral's social media's web pages (Facebook, Instagram, tweeter, etc.).**

**I have read, completed, and understood this registration form.**

**Parent Signature:**

**Date**

**EMAIL ADDRESS:**

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**\*Please note, we may use social media, emails and/or church announcements as a form of communication with you.**