

(I.D. # \_\_\_\_\_)

**SAINT JOSEPH SCHOOL OF RELIGION  
FAMILY REGISTRATION  
106 N. Meramec Clayton, MO 63105  
(314) 727-9059 FAX (314) 727-2271**

Date \_\_\_\_\_

**Family Name** \_\_\_\_\_ (Mr., Mrs., Ms., Dr.) Parents' 1<sup>st</sup> names \_\_\_\_\_ /  
(circle preference)

\_\_\_\_\_ Mailing Address \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Telephone \_\_\_\_\_

\_\_\_\_\_ Other phone \_\_\_\_\_ E-mail address \_\_\_\_\_ Fax # \_\_\_\_\_

**Mother's name** \_\_\_\_\_  
\_\_\_\_\_ Maiden name \_\_\_\_\_ Occupation \_\_\_\_\_ Work phone # \_\_\_\_\_

\_\_\_\_\_ Marital status \_\_\_\_\_ Religion \_\_\_\_\_ Other phone # \_\_\_\_\_ Fax # \_\_\_\_\_

**Father's name** \_\_\_\_\_  
\_\_\_\_\_ Occupation \_\_\_\_\_ Work phone # \_\_\_\_\_

\_\_\_\_\_ Marital status \_\_\_\_\_ Religion \_\_\_\_\_ Other phone # \_\_\_\_\_ Fax # \_\_\_\_\_

(Duplicate mailings should be sent to: \_\_\_\_\_)

Registered Parish \_\_\_\_\_ Number of children in PSR \_\_\_\_\_ Tuition due \_\_\_\_\_ Late fee \_\_\_\_\_

Check here if you give permission for your child(ren) to be photographed. Tuition note \_\_\_\_\_  
F.A./Catechist/Aide

(1)Emergency contact \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_  
(Name)

(2)Emergency contact \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_  
(Name)

I have completed the **Protecting God's Children Program** \_\_\_\_yes \_\_\_\_no

If yes, where & when? \_\_\_\_\_

**A \$50 registration fee, per family, is required at the time of registration. The fee will be applied to your tuition.**

**Returning families:** If registering after May 31, add a late fee of \$50 per child.

**Note:** A Baptismal certificate must be submitted for all students at the time of registration. (On file \_\_\_\_\_)  
A permission slip is required for all students from 4<sup>th</sup> through 8<sup>th</sup> grade to attend God's Own Making classes. (On file \_\_\_\_\_)

**For Office use only:**

**Tuition**

**Payment Record**

	Check #	Date
1 <sup>st</sup> payment _____	_____	_____
Balance _____		
2 <sup>nd</sup> payment _____	_____	_____
Balance _____		
3 <sup>rd</sup> payment _____	_____	_____
Balance _____		

## Student Information

1. \_\_\_\_\_  
First name \_\_\_\_\_ Last name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
\_\_\_\_\_ **Sunday Monday** \_\_\_\_\_  
Grade in PSR Circle preferred day Grade in School Name of full time school Child lives with

Please circle the sacraments your child has **already** received: Baptism Reconciliation Eucharist Confirmation

\_\_\_\_\_ Place of Birth - City & State \_\_\_\_\_ Parish of Baptism - City & State

Special medical/educational needs: \_\_\_\_\_

Comments: \_\_\_\_\_

2. \_\_\_\_\_  
First name \_\_\_\_\_ Last name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
\_\_\_\_\_ **Sunday Monday** \_\_\_\_\_  
Grade in PSR Circle preferred day Grade in School Name of full time school Child lives with

Please circle the sacraments your child has **already** received: Baptism Reconciliation Eucharist Confirmation

\_\_\_\_\_ Place of Birth - City & State \_\_\_\_\_ Parish of Baptism - City & State

Special medical/educational needs: \_\_\_\_\_

Comments: \_\_\_\_\_

3. \_\_\_\_\_  
First name \_\_\_\_\_ Last name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
\_\_\_\_\_ **Sunday Monday** \_\_\_\_\_  
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Please circle the sacraments your child has **already** received: Baptism Reconciliation Eucharist Confirmation

\_\_\_\_\_ Place of Birth - City & State \_\_\_\_\_ Parish of Baptism - City & State

Special medical/educational needs: \_\_\_\_\_

Comments: \_\_\_\_\_

4. \_\_\_\_\_  
First name \_\_\_\_\_ Last name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
\_\_\_\_\_ **Sunday Monday** \_\_\_\_\_  
Grade in PSR Circle preferred day Grade in School Name of full time school Child lives with

Please circle the sacraments your child has **already** received: Baptism Reconciliation Eucharist Confirmation

\_\_\_\_\_ Place of Birth - City & State \_\_\_\_\_ Parish of Baptism - City & State

Special medical/educational needs: \_\_\_\_\_

Comments: \_\_\_\_\_

## Parent Volunteer Form

Please check the service opportunities for which you are willing to serve.

\_\_\_\_\_ Catechist (classroom teacher): Grade level \_\_\_\_\_ Circle day(s) available: Sunday Monday  
List experience with children \_\_\_\_\_

\_\_\_\_\_ Share catechist duties Preferred grade level \_\_\_\_\_ Circle day(s) available: Sunday Monday  
List experience with children \_\_\_\_\_

\_\_\_\_\_ Substitute catechist: Circle the day(s) you are available: Sunday Monday

\_\_\_\_\_ Classroom aide (assists teacher): Circle day(s) available: Sunday Monday

\_\_\_\_\_ Office help: Circle the day(s) you are available: Sun Mon Tues Wed Thurs

\_\_\_\_\_ Classroom parent (contact person for activities, information, phone chain, etc.): Grade \_\_\_\_\_

\_\_\_\_\_ Social set up/clean up for receptions, act as host/hostess for PSR socials

\_\_\_\_\_ Ash Wednesday Fish Bake: Set up \_\_\_\_\_ Clean up \_\_\_\_\_ Supervise student helpers \_\_\_\_\_

\_\_\_\_\_ Children's Christmas Eve Program: Chairperson \_\_\_\_\_ Aide \_\_\_\_\_

\_\_\_\_\_ Children's Liturgy of the Word: Present the Sunday readings to the children on their own level at the 11:00 a.m. Mass.

\_\_\_\_\_ Education Commission Representative: Attend 5 Monday meetings a year.

\_\_\_\_\_ Parent Advisory Committee

\_\_\_\_\_ Share your gifts: Do something on a one-time basis. Teach a song, lead a prayer service...

\_\_\_\_\_ Prayer partner: Offer prayerful support while a catechist is teaching his/her class.

\_\_\_\_\_ Adult Education: Facilitator \_\_\_\_\_ Snack Person \_\_\_\_\_

\_\_\_\_\_ Trivia Night: Chairperson \_\_\_\_\_ Serve snacks \_\_\_\_\_ Solicit prizes \_\_\_\_\_ Donate prizes \_\_\_\_\_  
Reservation table \_\_\_\_\_ Grading table \_\_\_\_\_ Set up \_\_\_\_\_ Clean up \_\_\_\_\_

\_\_\_\_\_ St. Joseph Church Building 100-year activities: Chairperson \_\_\_\_\_ Committee \_\_\_\_\_

\_\_\_\_\_ R.C.I.A.: Prayer Leader \_\_\_\_\_ Presenter \_\_\_\_\_ Sponsor \_\_\_\_\_

\_\_\_\_\_ High School PSR: Moderator \_\_\_\_\_ Chaperone \_\_\_\_\_ Topic Presenter \_\_\_\_\_

\_\_\_\_\_ Silent Auction Dinner: Chairperson \_\_\_\_\_ Aide \_\_\_\_\_ Donations \_\_\_\_\_

\_\_\_\_\_ Other (please specify): \_\_\_\_\_

Name \_\_\_\_\_

Telephone # \_\_\_\_\_ (H) \_\_\_\_\_ (W)

My children attend on Sunday/Monday (circle the correct day) in the following grades:

Sunday Monday Grades \_\_\_\_\_

I have attended PGC (Protecting God's Children) Yes \_\_\_ No \_\_\_ Where & When \_\_\_\_\_