

(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 \_\_\_\_\_)

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**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 \_\_\_\_\_  
Grade in PSR \_\_\_\_\_ **Sunday Monday** \_\_\_\_\_  
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

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

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

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

2. \_\_\_\_\_  
First name \_\_\_\_\_ Last name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Grade in PSR \_\_\_\_\_ **Sunday Monday** \_\_\_\_\_  
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

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

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

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

3. \_\_\_\_\_  
First name \_\_\_\_\_ Last name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Grade in PSR \_\_\_\_\_ **Sunday Monday** \_\_\_\_\_  
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

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

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

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

4. \_\_\_\_\_  
First name \_\_\_\_\_ Last name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Grade in PSR \_\_\_\_\_ **Sunday Monday** \_\_\_\_\_  
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

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

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

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