

St. Joseph Parish

2022 – 2023 K – 12 Faith Formation Registration Form

126 East Street. Pewamo, MI 48873
989-593-3440/c.heckman@stjosephpewamo.org

Family Information

Mother's Full Name: _____ Mother's Maiden Name: _____

Father's Full Name: _____

Address: _____ City: _____ Zip: _____

Primary Phone: _____ Mother's Cell #: _____ Father's Cell #: _____

Primary Email: _____

In case of an **Emergency** and if a parent/guardian cannot be reached, please contact:

Name: _____ Relationship: _____ Contact #: _____

St. Joseph Faith Formation Release Time Request: I request that my child(ren) (**K-5 grade only**) listed below be released from Pewamo-Westphalia Elementary School to attend Faith Formation classes at St. Joseph Church during the 2022-23 academic year: **Yes, I grant permission** **No, I do not grant permission**

Note: If your child is receiving a sacrament this year and the Baptism did not take place at St. Joseph, Pewamo, please attach a copy of your child's Baptismal Certificate to this form.

Child 1:

Child's Name (First-Middle-Last): _____

Date of Birth: _____ City of Birth: _____ Grade Level (Fall 2022): _____

List known allergies and/or medical situations pertinent your child: _____

Is your child baptized: Yes No If yes, name the church of baptism & city: _____

✓ the sacraments your child is planning to receive: First Reconciliation/Communion Confirmation None

If **Confirmation**, name the Church, City, State of your child's First Communion if other than St Joseph Parish:

Name of Church: _____ City: _____ State: _____

Child 2:

Child's Name (First-Middle-Last): _____

Date of Birth: _____ City of Birth: _____ Grade Level (Fall 2022): _____

List known allergies and/or medical situations pertinent your child: _____

Is your child baptized: Yes No If yes, name the church of baptism & city: _____

the sacraments your child is planning to receive: First Reconciliation/Communion Confirmation None

If **Confirmation**, name the Church, City, State of your child's First Communion if other than St. Joseph Parish

Name of Church: _____ City: _____ State: _____

Child 3

Child's Name (First-Middle-Last): _____

Date of Birth: _____ City of Birth: _____ Grade Level (Fall 2022): _____

List known allergies and/or medical situations pertinent your child: _____

Is your child baptized: Yes No If yes, name the church of baptism & city: _____

the sacraments your child is planning to receive: First Reconciliation/Communion Confirmation None

If **Confirmation**, name the Church, City, State of your child's First Communion if other than St. Joseph Parish:

Name of Church: _____ City: _____ State: _____

To enroll additional children, use a second form or as many as you need.

I hereby give consent for my child/children listed on this form to participate in the Faith Formation program and related activities at St. Joseph Parish. Furthermore, I hereby (please check one) **Grant** _____ / **Deny** _____ permission for my child's/children's name, photo, video and/or any other likeness to be used for web, social media, publicity or similar promotions for the Diocese/St. Joseph Parish without compensation. I waive my right to inspect or approve such publications, including any written copy that may be created in connection therewith.

Signature: _____

Tuition Information **(Make checks payable to St. Joseph Parish)**

\$50.00 Per Student

For Office Use

Date Received: _____ **CK #** _____ **Cash:** _____

Total Amt. _____