



St. Joachim – St. John the Evangelist
Religious Formation Registration 2016/17

60 Liberty Street, Beacon, NY 12508
CCD 845.831.6550 Parish office 845.838.0915

One per Family

Family Name: _____

Address: _____ Apartment # _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

E-Mail: _____

Father's Name: _____ Religion: _____

Mother's Maiden Name: _____ Religion: _____

Father's Occupation: _____ Work Phone: _____

Mother's Occupation: _____ Work Phone: _____

Emergency Contact, Name: _____

Phone: _____ Relationship: _____

Parish Registration: Are you a registered parishioner at St. Joachim / St John the Evangelist Parish?
Yes _____ No _____

Please indicate any medical needs that your child may have and, or allergies.

Please indicate anything that may affect your child's ability to learn. Include behavioral problems, special needs and family relationships, such as separation, divorce, or remarriage. Please be as specific as possible. All information is CONFIDENTIAL.

First Child fee: \$120.00, Every Child There After \$20.00 Communion Fee per child \$25.00

Late Registration Fee: \$25.00 per child.

Pleased indicate time preferred 8:30-10:00am. _____ 10:15-11:45am. _____

Time request based on first come/first served.

What grade will your child be in, for the 2016/17 school year...

Childs Name:	Gender:	Date of Birth:	Grade:	Baptism Place/Date:	First Communion Place/Date:
1) _____	___	_____	___	_____	_____
2) _____	___	_____	___	_____	_____
3) _____	___	_____	___	_____	_____
4) _____	___	_____	___	_____	_____

Parent's Statement: (Please read and sign)

Realizing that the parents are the first and most important teacher of their children,

My children and I will participate in Mass, we are fully aware that the core teaching of our faith leads us to God through the Eucharist at Mass.

I will do my best to cooperate with the staff of St's Joachim and John the Evangelist, in the religious formation of my children.

I understand that attendance in class is very important as only a short time is allocated for class each week. If my child misses class, my child will make-up any assignments that he or she may miss.

I understand that as a Catholic parent or guardian, I am responsible for the religious education of my children and that the staff of St's Joachim and John the Evangelist is available to assist me in this process.

Parent/Guardian

Signed: _____ Date: _____

For Office Use Only:

Amount Due: _____ Amount Paid: _____ Balance Due: _____

Check #: _____ Cash: _____ Date Paid: _____

Parish Office: 2 Oak Street, Beacon, NY 12508