



St. Joachim – St. John the Evangelist  
Religious Education Registration 2014/15

60 Liberty Street, Beacon, NY 12508  
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 \_\_\_\_\_

Children's Need:

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

Please indicate anything that may affect your child's ability to learn our faith. 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, Confirmation Fee per child \$50.00

**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.**

Childs Name:	Gender:	Date of Birth:	Grade:	School:	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 as fully as possible with the staff of St’s Joachim and John the Evangelist, in the religious education program of my children.

I understand that attendance in class is very important as only a short time is allocated for class each week. I am also aware that if my child misses four or more classes that he or she may not precede to the next level and that I will provide a written excuse for each absence. My child will also 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