



Saint Joachim – Saint John the Evangelist Religious Formation  
Registration 2020 -2021

60 Liberty Street Beacon, NY 12590

CCD: 845.831.6550 - Parish Office: 845-838-0915

One Per Family

Family Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apartment# \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

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:

Yes: \_\_\_\_\_ No: \_\_\_\_\_

Children's Needs:

Please indicate anything that may affect your child's ability to learn our faith. Include their medical needs as well as, allergies, behavioral problems, special needs and family relationships, such as separation, divorced, or remarriage. Please be as specific as possible. All information is CONFIDENTIAL. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Over -->

Please indicate time preferred: 8:30-10:00 \_\_\_\_ 10:15-11:45 \_\_\_\_ Wednesday 6:00-7:30pm. \_\_\_\_

Child's Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: K-7 \_\_\_\_\_ Baptism: \_\_\_\_\_

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

Parent's Statement: (Please read and sign)

I appreciate that the core teachings of our faith lead us to God through the Eucharist. Realizing that the parents are the first and most important teachers in the lives of their children, **I therefor pledge that we will do our best with participating in Sunday Mass, I will cooperate with the staff of St. Joachim-St. Joan the Evangelist Religious Formation.**

I understand that attendance in class is important as only a short time as allocated for class each week. I am also aware that if my child misses four or more classes without notice that he or she may not precede to the next level and that will make-up any assignments that he or she may have missed.

I hereby consent to the taking of photographs, movies, videos capable of reproduction in any medium, of me or my child/children of whom I am the designated guardian.

I hereby grant to the parish the right to edit, reproduce, use and re-use images for any and all purposes including, but not limited to advertising, promotion and display and I hereby consent to the editing, reproduction, use and re-use of said images in any and all media in existence and all media yet in existence including but not limited to, video, print, television, internet and pod-cast.

I forever grant, assign and transfer to the parish any right, title and interest that I and/or my child/children may have in any images, including negatives, taken of me and/or my children by the parish. I hereby agree to release, indemnify and hold harmless the parish from any and all claims, demands, actions or causes of action, loss, liability, damage or cost arising from this authorization.

Parent/Guardian

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

First child \$120.00, every child there after \$20.00, Communion \$25.00 per child, Late Registration \$25.00

---

For Office Use Only:

Amount Due: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Balance Due: \_\_\_\_\_

Check #: \_\_\_\_\_ Cash: \_\_\_\_\_ Date Paid: \_\_\_\_\_