



Saint Joachim - Saint John the Evangelist Religious Formation
Registration 2021 -2022

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: Sunday 8:30-9:45 ___ 10:00-11:15 ___ Wednesday 6:00-7:15pm. ___

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: _____

Subject to change, without notice

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: _____