

**Dear Parents,**

Registration for Grades **K-11** Religion Classes begins **July 3, 2017**

**K-10 Classes begin August 30, 2017**  
**Confirmation Candidates will be notified of start date.**

Registration Fee per student is **\$20.00** – Make checks payable to St. Joseph's.

A copy of **baptismal certificate** must be included when registering a **new student**.  
A photo release form must be signed for each **new** student. This photo release form is available in the education office.

Payment plans are available upon request and can be set up over the phone if mailing in your registration. **If you need payment assistance you must register by August 14.**

Registration forms can be printed from our website:  
<http://www.stjosephpatla.org/faithformation>

- Mail completed forms and registration fee to:  
**Office of Religious Education**  
**P. O. Drawer 219**  
**Patterson, LA 70392**
- Use the Education Office Drop Box anytime
- Come in person during office hours.
- **Please note on the registration form** the request for the name of your carrier for cell phone texting. This information will help to set up group communication with you as parents from a diocesan program. This information will remain confidential to our records as everything else is.

Being involved is an excellent way to show them the importance of growing in faith no matter how young or old we are. Please consider offering your time and assistance.

If you have any questions or need more information, please call 395-3881 or email [stjoedre@teche.net](mailto:stjoedre@teche.net).

*Thanks,*  
*Mamie Perry*

**St. Joseph's  
Religious  
Education  
Family  
Registration**

**For Office Use Only** Registration Date \_\_\_\_\_ # of Students \_\_\_\_\_  
 Fee Paid \$ \_\_\_\_\_ Ck. # \_\_\_\_\_ Cash \_\_\_\_\_ Payment Plan \_\_\_\_\_  
 Bap. Certificate Received \_\_\_\_\_ Bap. Certificate Needed \_\_\_\_\_ Sacrament of Baptism \_\_\_\_\_  
 New \_\_\_\_\_ Current \_\_\_\_\_ Inactive \_\_\_\_\_ Registration Rec'd \_\_\_\_\_

**List all children who will be attending religion classes for Grades K-11**

First Name	Last Name	School Grade	Religion Grade
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

**If registering a new student, please submit a copy of their baptismal record at the time of registration. If you are registering a new student, a photo release form must be signed for that child to complete the registration. Photo release forms are available in the education office.**

**Father:** \_\_\_\_\_ Religion: \_\_\_\_\_  
 First Name Middle Initial Last Name Marital Status \_\_\_\_\_  
**Step-Father:** \_\_\_\_\_ Religion: \_\_\_\_\_  
**Mother:** \_\_\_\_\_ Religion: \_\_\_\_\_  
 First Name Maiden Last name Marital Status: \_\_\_\_\_  
**Step-Mother:** \_\_\_\_\_ Religion: \_\_\_\_\_

**Home Address (where parent/legal guardian lives with students and receives mail)**

**Mailing Address:** \_\_\_\_\_  
**Street Address (if different)** \_\_\_\_\_  
 Street Address City State Zip Code

**Home Phone:** \_\_\_\_\_ **Cell: Mom's** \_\_\_\_\_ **Dad's** \_\_\_\_\_  
 Is a **text message** a good way to communicate with you concerning your student? \_\_\_\_\_  
 Indicate with a check the accepted cell number (s) for text message: Mom \_\_\_\_\_ Dad \_\_\_\_\_  
 Which carrier do you use for your cell phone? \_\_\_AT&T; \_\_\_Verizon; Other: \_\_\_\_\_

**Contact Parent's email:** \_\_\_\_\_  
 Is **email** a good way to communicate with you concerning your student? \_\_\_\_\_

**Allergies and Medical Concerns:** \_\_\_\_\_  
 \_\_\_\_\_

**Special Circumstances:** \_\_\_\_\_

**Emergency Contact Person other than parent:** \_\_\_\_\_ Contact # \_\_\_\_\_  
 Relationship to student: \_\_\_\_\_

**When you register your child for our religious education program, we have much hope that you will be willing to be an Involved Parent .....**

**to help your child develop their prayer life,  
to bring your child to Sunday mass,  
to send them to religion class every week,  
to be willing to follow the policy and guidelines of our education program,  
and to strive to live the Catholic Faith as a family.**

**In doing so, you will assist those who have volunteered their time to help teach your child.**

Please indicate any way you can volunteer your time for our religious education program.

\_\_\_\_\_ **Classroom Catechist**...must prepare weekly lessons from teaching materials provided by the Education Office. Catechist Orientation is provided to help with lesson planning, discipline management, and program guidelines.

Grade Preferred: \_\_\_\_\_K\_\_\_\_\_1 \_\_\_\_\_2 \_\_\_\_\_3 \_\_\_\_\_4 \_\_\_\_\_5 \_\_\_\_\_6 \_\_\_\_\_7 \_\_\_\_\_8 \_\_\_\_\_9 \_\_\_\_\_10

\_\_\_\_\_ **Classroom Helper**...assist in the hall as students arrive and escort students to the classroom. Be willing to assist with any activity planned by the catechist and help to monitor behavior to ensure a positive learning environment. An adult classroom helper is needed for every class group. Orientation will be offered.

Grade Preferred : \_\_\_\_\_K\_\_\_\_\_1 \_\_\_\_\_2 \_\_\_\_\_3 \_\_\_\_\_4 \_\_\_\_\_5 \_\_\_\_\_6 \_\_\_\_\_7 \_\_\_\_\_8 \_\_\_\_\_9 \_\_\_\_\_10

\_\_\_\_\_ **Substitute Catechist**...will take the place of the Catechist whenever the need arises. Anyone willing to substitute will be offered orientation on lesson planning and the program guidelines. Please consider at least helping with your child's grade level. This important need must be met for our education classes to be offered on a regular weekly basis.

Grades preferred: \_\_\_\_\_ K-1-2-3 4 \_\_\_\_\_ 5-6-7-8 \_\_\_\_\_ 9-10

\_\_\_\_\_ **Traffic and Safety Volunteers**...to ensure that safety guidelines are followed during the arrival and/or departure of students. Orientation will be offered.

Grades preferred: \_\_\_\_\_ K-1-2-3-4 \_\_\_\_\_ 5-6-7-8 \_\_\_\_\_ 9-10

\_\_\_\_\_ **Hall Safety Monitor**...to monitor downstairs' hall during class time to ensure safe access into Parish Hall by all parents and other concerned parishioners. Orientation will be offered.

Grades preferred: \_\_\_\_\_ K-1-2-3-4 \_\_\_\_\_ 5-6-7-8 \_\_\_\_\_ 9-10

\_\_\_\_\_ **Restroom Hall Monitor**...to monitor students going into restroom in a timely fashion to ensure proper behavior. Be ready to monitor about 15-20 minutes during the arrival time of students.

Grades preferred: \_\_\_\_\_ K-1-2-3-4 \_\_\_\_\_ 5-6-7-8 \_\_\_\_\_ 9-10

Name of Volunteer: \_\_\_\_\_ Contact # \_\_\_\_\_

**Please note.....**All adults who have contact with our youth in any ministry must attend Safe Environment Training. This training is offered to all who volunteers.

**St. Joseph's  
Religious Education**

**New Family  
Registration Form**

**For Office Use Only** Registration Date \_\_\_\_\_ # of Students \_\_\_\_\_  
Fee Paid \$ \_\_\_\_\_ Ck. # \_\_\_\_\_ Cash \_\_\_\_\_ Received by \_\_\_\_\_  
Baptism Certificate: Rec'd \_\_\_\_\_ Needed \_\_\_\_\_ Sacrament Needed \_\_\_\_\_  
Payment Plan \_\_\_\_\_

List all children you wish to register for religion classes. Check (  ) sacraments received.

First Name	Last Name	School Grade	Age	Baptism	Eucharist	Reconciliation	Confirmation
1. _____							
2. _____							
3. _____							

**Father:** \_\_\_\_\_ Religion: \_\_\_\_\_  
First Name Middle Initial Last Name Marital Status \_\_\_\_\_

**Step-Father:** \_\_\_\_\_ Religion: \_\_\_\_\_

**Mother:** \_\_\_\_\_ Religion: \_\_\_\_\_  
First Name Maiden Last name Marital Status: \_\_\_\_\_

**Step-Mother:** \_\_\_\_\_ Religion: \_\_\_\_\_

**Home Address (where parent/legal guardian lives with students and receives mail )**

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Mailing Address:** (if different) \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell: Mom's** \_\_\_\_\_ **Dad's** \_\_\_\_\_  
Is a **text message** a good way to communicate with you concerning your student? \_\_\_\_\_  
Indicate with a check the accepted cell number (s) for text message: Mom \_\_\_\_\_ Dad \_\_\_\_\_  
Which carrier do you use for your cell phone? \_\_\_ AT&T ; \_\_\_ Verizon ; Other: \_\_\_\_\_

**Contact Parent's email:** \_\_\_\_\_  
Is **email** a good way to communicate with you concerning your student ? \_\_\_\_\_

**Allergies and Medical Concerns:** \_\_\_\_\_

**Special Circumstances** \_\_\_\_\_

**Emergency Contact Person other than parent:** \_\_\_\_\_ Contact # \_\_\_\_\_

Relationship to student: \_\_\_\_\_

**Please remember to sign the photo release forms included for each child.**

Are you registered parishioners of St. Joseph? (yes / no) \_\_\_\_\_ If not, are you willing to be? \_\_\_\_\_

Does your family attend mass at St. Joseph's: \_\_\_ yes Weekly/Sundays \_\_\_ Sometimes \_\_\_ Seldom \_\_\_

If not, what church do you attend? \_\_\_\_\_



# St. Joseph's Catholic Church

1011 First St., P.O. Drawer 219  
Patterson, LA 70392

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## PHOTOGRAPH/VIDEO/AUDIO/MEDIA CONSENT & RELEASE FORM

### FOR A MINOR (UNDER 18 YEARS OF AGE)

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_ hereby consent to and authorize the Roman Catholic Diocese of Lafayette, Louisiana, (the Diocese), Parish of St. Joseph's (Patterson, LA) and all entities, representatives, employees, and agents operating under its authority to record, use, edit, reproduce, and/or publish photographs, video, audio, and/or other media that may portray and/or relate to the aforementioned minor child, his/her image, likeness and/or voice, without compensation.

I understand that these materials may be used in various print and electronic media, including but not limited to the Diocesan website and the Diocesan publication, *Acadiana Catholic*, and/or for other endeavors related to Diocesan interests. I understand that the Diocese may use and/or publish materials relating to the aforementioned minor child in any manner that the Diocese deems appropriate in order to promote and/or publicize its programs, or for any other lawful purpose.

This authorization shall not expire and will remain effective indefinitely until rescinded in writing.

SIGNATURE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

DATE: \_\_\_\_\_

St. Joseph's Church  
Patterson, LA

**For Office Use Only**

Baptism Certificate: Rec'd \_\_\_\_\_ Needed \_\_\_\_\_

Sacrament being requested \_\_\_\_\_

Sacrament Preparation/ Registration Fee: \_\_\_\_\_

**Sacramental Preparation Only**

**List all children you wish to register for Sacrament Preparation**

First Name	Last Name	School Grade	Age	Baptism ( <u>yes or no</u> )
1	_____	_____	_____	_____
2	_____	_____	_____	_____

**Father:** \_\_\_\_\_ Religion: \_\_\_\_\_  
First Name Middle Initial Last Name Marital Status \_\_\_\_\_

**Step-Father:** \_\_\_\_\_ Religion: \_\_\_\_\_

**Mother:** \_\_\_\_\_ Religion: \_\_\_\_\_  
First Name Maiden Last name Marital Status: \_\_\_\_\_

**Step-Mother:** \_\_\_\_\_ Religion: \_\_\_\_\_

**Home Address (where parent/legal guardian lives with students and receives mail)**

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Mailing Address:** (if different) \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell: Mom's** \_\_\_\_\_ **Dad's** \_\_\_\_\_

Is a **text message** a good way to communicate with you concerning your student? \_\_\_\_\_

Indicate with a check the accepted cell number (s) for text message: Mom \_\_\_\_\_ Dad \_\_\_\_\_

Which carrier do you use to receive cell phone text? \_\_\_\_\_ AT&T ; \_\_\_\_\_ Cox ; Other: \_\_\_\_\_

**Contact Parent's email:** \_\_\_\_\_

Is **email** a good way to communicate with you concerning your student ? \_\_\_\_\_

**Allergies and Medical Concerns:** \_\_\_\_\_

**Special Circumstances:** \_\_\_\_\_

**Emergency Contact Person other than parent:** \_\_\_\_\_ Contact # \_\_\_\_\_

Relationship to student: \_\_\_\_\_

**Please remember to sign a photo release form for each child. Forms can be obtained from Education Office.**

All families who participate in our sacramental preparation education must be registered parishioners of St. Joseph's according to the census records.

Are you registered parishioners of St. Joseph ? (yes / no) \_\_\_\_\_ If not are you willing to be? \_\_\_\_\_

Does your family attend mass at St. Joseph's? Yes \_\_\_\_\_ Weekly/Sundays \_\_\_\_\_ Sometimes \_\_\_\_\_ Never \_\_\_\_\_

If not, what church do you attend ? \_\_\_\_\_