

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.

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

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 Sacramental Preparation Only	For Office Use Only Baptism Certificate: Rec'd _____ Needed _____ Sacrament being requested _____ Sacrament Preparation/ Registration Fee: _____
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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 ? _____