

**St. Joseph & Assumption Faith Formation
2019-2020 Registration Form PreK-10th Grades
Due by September 11th, 2019 (\$10 discount if registered by September 11)**

This form MUST be returned and all information must be filled out for your child/children to be enrolled!

Parent/Guardian Full Name _____ Relationship to Child(ren) _____

Child's Name	Gender	Birth Date	Grade*	Baptized?	1 st Reconcil?	1 st Communion?
_____	M F	_____	_____	Y N	Y N	Y N
_____	M F	_____	_____	Y N	Y N	Y N
_____	M F	_____	_____	Y N	Y N	Y N
_____	M F	_____	_____	Y N	Y N	Y N

*Pre-Kindergarten students must be 4 years old by September 1, 2019.

Member of (please circle one) Assumption St. Joseph St. Anne parish.

Children attend (please circle one) Osceola St. Croix Falls Other schools.

FAMILY CONTACT INFORMATION

Parent/Guardian Address _____ City _____ Zip Code _____

Primary Phone # _____ Secondary Phone # _____

Primary e-mail _____ Texting # _____

Preferred contact method: E-mail Text Home Phone

EMERGENCY CONTACT INFORMATION

Name: _____ **Relationship to Child:** _____

Primary Phone # _____ Secondary Phone # _____

Primary e-mail _____ Secondary email _____

Name: _____ **Relationship to Child:** _____

Primary Phone # _____ Secondary Phone # _____

Primary e-mail _____ Secondary email _____

PHOTO RELEASE

I, _____, give St. Joseph & Assumption Parishes permission to post pictures of my child(ren) listed on this form on bulletin boards, in the bulletin and on St. Joseph's parish website. I understand that only pictures taken at official Faith Formation and Parish events will be posted.

Parent/Guardian signature _____ **Date** _____

(Please complete back side of form)

REGISTRATION FEES

1 Child: \$50 (\$60 after 9/11) 2 or more Children: \$100 (\$110 after 9/11)

- I have enclosed the **tuition payment in full.**
 I have enclosed **one half the tuition payment** and **will pay the balance by February 1, 2020.**

**If tuition imposes a financial hardship, please contact St. Joseph Parish to request a tuition adjustment.
We are committed to offering faith formation programing for all children.*

SAFE AND SACRED TRAINING

We will be presenting *Circle of Grace* grade-level lessons to all children enrolled in the St. Joseph and Assumption Faith Formation program. This training is offered in response to the mandates of the United States Conference of Catholic Bishops' *Charter for the Protection of Children and Youth: Promise to Protect, Pledge to Heal*. *Circle of Grace* was developed by the Archdiocese of Omaha and has been adopted by the Diocese of Superior as its curriculum to help keep our children safe.

Parents and other caring adults want to protect children from those who might harm them, but no child can be supervised every moment of the day. This training will help your child recognize unhealthy relationships, appropriate ways to reduce the likelihood of being abused, and how to get help from others. Most importantly, this information will be presented to your child in a manner that reinforces his/her value as a person created in the image and likeness of God who deserves love and respect.

Your child's training session will be held on January 5, 2020 for PreK – 3rd grades and January 15, 2020 for grades 4 – 10 at St. Joseph Church. If you have any questions, please contact Rose Klugow, Faith Formation Coordinator at 715-294-2243 or 715-294-1636 or via email at rklugow@hotmail.com.

____ Yes, I would like my child(ren) to participate in the Charter Safe Environment training described above.

____ No, I do not want my child(ren) to participate in the Charter Safe Environment training described above. *I understand that if I refuse to allow my child to participate in this training, I will receive resources from the parish to help me educate my child on these important issues.*

Parent/Guardian signature _____ **Date** _____

SPECIAL CHARACTERISTICS

Known allergies to medications or food and any required medications.

Child's Name _____ Allergies _____ Medications _____

Child's Name _____ Allergies _____ Medications _____

To help facilitate a proper learning environment for your children, please indicate below any condition(s) that catechists and staff should be aware of concerning **behavioral, learning, psychological or physical health.**

I verify that all the information for my child/ward listed above is correct and current to the best of my knowledge at the time of the date of signature below. **I also understand that if this information changes during the school year, I must notify the Faith Formation Coordinator of the changes.**

Parent or Guardian Signature: _____ **Date:** _____