

St. Joseph the Worker PO Box 190, Pierre Part, LA 70339

Christian Formation Registration

For NEW STUDENTS

Registration Fee is \$25.00 per child

Registration fee accommodations available if needed.

Return form/fee to SJW, PO Box 190, Pierre Part, LA 70339 by 7/31/2015

Name: \_\_\_\_\_  
                                                        First                                                        Middle                                                        Last

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Town of Birth: \_\_\_\_\_

Sex:  Male  Female Grade entering if other than kindergarten \_\_\_\_\_

Last Christian Formation grade completed \_\_\_\_\_ Where \_\_\_\_\_

Church/Date/Place of Baptism \_\_\_\_\_  
*(This information is required in order for us to obtain a copy of the certificate from that church.)*

Mother \_\_\_\_\_ Religion \_\_\_\_\_  
First/maiden/last

Phone numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_ Other \_\_\_\_\_

Father \_\_\_\_\_ Religion \_\_\_\_\_  
First/middle/last

Phone numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_ Other \_\_\_\_\_

Guardian \_\_\_\_\_ Religion \_\_\_\_\_  
First/middle/last

Phone numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_ Other \_\_\_\_\_

Child lives with:  Mom  Dad  Both  Other \_\_\_\_\_

Home Mailing Address \_\_\_\_\_  
                                                        Number                                                        City                                                        State/Zip

Email addresses \_\_\_\_\_

**(K,1<sup>st</sup>, 3<sup>rd</sup>,4<sup>th</sup>,& 5<sup>th</sup>) Please list your preference of  Monday or  Tuesday.**

2<sup>nd</sup> grade classes meet on Tuesdays  
6<sup>th</sup> & 11<sup>th</sup> grades meet on Mondays.  
7<sup>th</sup>, 8<sup>th</sup>, 9<sup>th</sup> & 10<sup>th</sup> meet on Sundays.

Please list any allergies, special and/or medical needs below: (Ex: hearing/visual needs, other medical needs)

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**IN THE EVENT OF AN EMERGENCY 911 WILL BE CONTACTED**

**Emergency contacts**

In the event of an emergency, if you are unable to reach me at the listed numbers, please contact:

Name/Relationship/Phone \_\_\_\_\_

Name/Relationship/Phone \_\_\_\_\_

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**Photo Release**

I grant SJW the right to take photographs of my above listed child/ren in connection with the above identified event. I authorize SJW its assignees and transferees to copyright, use and publish the same in print and/or electronically. I agree that SJW may use such photographs of above child/ren with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising and Web content. I have read and understand all written on this page.

**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_ **Date** \_\_\_\_\_

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**I HAVE RECEIVED AND READ THE ATTACHED SAFE & SACRED PARENT TRAINING FLYER.**

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
(Parent signature required)

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