

**St. Joseph the Worker
Christian Formation Registration
RETURNING STUDENTS - 2015/2016**

Registration Fee is \$25.00 per child.

Registration fee accommodations available if needed

Return forms/fee to SJW, P.O. Box 190, Pierre Part, LA 70339 by 07/31/2015

**2nd grade meets on Tuesdays - 6th & 11th grades meet on Mondays
7th, 8th, 9th, 10th grades meet on Sundays**

CHILD'S NAME	CF GRADE 2015-2016	1 ST DAY CHOICE (K, 1, 3, 4, 5)
1.		
2.		
3.		
4.		

Child/ren live with: Mom Dad Both Guardian_____

Current e-mail address_____

If mailing address and/or phone numbers have changed since July, 2014 please list them below. This includes guardian info if applicable.

Address_____

Number City State/Zip

Home_____ Mom's Cell_____ Dad's Cell_____

Mom's Work_____ Dad's Work_____

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

IN THE EVENT OF AN EMERGENCY 911 WILL BE CONTACTED

If you are unable to reach me at the listed numbers, please contact:

Name/Relationship/Phone _____

Name/Relationship/Phone _____

Photo Release

I grant to 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 _____

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

Parent Signature _____ Date _____
(Parent signature required)

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Follow all CF news and information in our bulletin and on facebook.
Bulletin is available on our website, sjworker.org.