

ST. JOSEPH CHURCH RELIGIOUS FORMATION DEPARTMENT
2019-2020 REGISTRATION (Children/Youth/RCIA)
ONE APPLICATION PER STUDENT, PLEASE FILL OUT BOTH SIDES

Student's Full Name: _____

Mailing Address: _____

Telephone # _____ Cellular # _____ Text (Y/N) Emergency Name & # _____

Mother's Full & Maiden Name: _____ Father's Full Name: _____

Student lives with: Parent(s) _____ Grandparent(s) _____ Legal Guardian(s) _____

Unbaptized adults and children will attend separate classes under RCIA. The Sacraments of First Reconciliation, Confirmation, and First Holy Eucharist starts in 1st grade. Students in grade 3+ who have not received First Reconciliation and First Holy Eucharist will be placed in our "Intermediate Sacramental Class." The restoration to the proper order of receiving Sacraments (Baptism, Confirmation, Communion) was implemented in the 2017-2018 school year.

Parents / Guardians of students in Sacramental classes are required to attend a parent meeting.

Students entering Sacramental classes (First Reconciliation, Confirmation, and First Communion) must provide their Baptismal Certificate along with this application. For RCIA, adults seeking Confirmation must provide their Baptismal and First Communion certificates, Sponsor's name, and Saint name. Unbaptized students must provide their State Birth Certificate and Godparent's name. Sacraments will not be given unless certificates are presented. The Religious Formation Office will make copies and return your original certificates to you.

Name written on Baptismal Certificate will be used on all St. Joseph Sacramental records unless a copy of a legal name change, adoption, and/or other legal document is submitted to the office.

Fee: \$50.00 per class for each student. This fee will cover facility & instructional needs and activities for each individual class. Please make check payable to St. Joseph Church. Check may be mailed to: St. Joseph Church

**Religious Education
1294 Makawao Avenue
Makawao, HI 96768**

Name of Parish attending: _____
If St. Joseph, which Mass day & time? _____

Baptized? Yes ___ No ___; Reconciliation? Yes ___ No ___; Confirmed? Yes ___ No ___; 1st Communion? Yes ___ No ___

Name on Baptismal Certificate: _____ Birth Date: _____ Gender: _____ Grade: _____

Place of Baptism: _____ Year: _____

Place of Confirmation: _____ Year: _____

Place of First Eucharist: _____ Year: _____

If you are a registered member of St. Joseph Parish, what is your envelope #? _____ If not, please see Donna Pico to complete your registration.
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As stewards of St. Joseph Church, families must volunteer a minimum of 5 hours (1 shift) per student to the St. Joseph Feast to be held on the weekend of May 1, 2, 3, 2020. Thank you!

Signature of person filling out this form: _____ Date: _____

Parents: if you have a student in middle- or high-school seeking Confirmation, they must also fill out a separate registration with Youth Ministry for this Sacrament. Please see Mrs. Diane Jacinto for the forms that you need. Thank you.
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Office Use Only	Enrollment Fee: \$ 50.00
	Date: _____
	Rcpt or Ck #: _____
	(<input checked="" type="checkbox"/>) Cash: _____ Ck: _____ MO: _____
	Total Paid: _____
	Received by: _____

**St. Joseph Catholic Church
1294 Makawao Avenue
Makawao, HI 96768**

**2019-2020
MEDICAL RELEASE FORM**

To whom it may concern,

As a parent or guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor of the following minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

Name of Minor: _____ Relationship: _____
(to the person filling out this form)
Dates when release is intended: August 01, 2019 to July 31, 2020.

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

_____	_____
Parents or legal guardians signature	Date
Name: _____	Home Phone _____
Address: _____	Work Phone _____
_____	Text (Y)/(N) Mobile Phone _____

Specific medical allergies, chronic illnesses, medications, physical or mental impairments, or other conditions: _____

Name of Emergency contact person: _____
Telephone # _____ Text (Y) / (N)

Notes? _____

Return this form with your child's registration information.