**ST. JOSEPH CHURCH RELIGIOUS FORMATION DEPARTMENT**

**2015-2016 REGISTRATION (K-8TH / 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 Sacrament of First Reconciliation and First Holy Eucharist starts in 2nd grade. Students in 3rd-8th grades 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) will be implemented starting in the 2018-2019 school year.

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

**Students entering Sacramental classes (Reconciliation and First Communion) must provide their original Baptismal Certificate along with this application. For RCIA, adults seeking Confirmation must provide their original 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 original 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: $45.00 per class for each student.**  This fee will cover 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 Formation Department**

Payment plan available. Please ask CRE if you need assistance. Thank you.

**1294 Makawao Avenue**

**Makawao, HI 96768**

**Baptized? Yes \_\_\_No\_\_\_ Received 1st Reconciliation? Yes\_\_\_No\_\_\_ Received 1st Communion? Yes\_\_\_ No\_\_\_**

Name on Baptismal Certificate: Birth Date: Gender:\_\_\_ Grade:\_\_

Place of Baptism: Year:

Place of First Reconciliation: Year:

Place of First Eucharist: Year:

**As stewards of St. Joseph Church, families must volunteer a minimum of 5 hours per student to the St. Joseph Feast to be held on the weekend of April 29-May 1, 2016. Thank you!**

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

**Enrollment Fee: $ 45.00**

Date:

Parents: if you have a high school student seeking Confirmation they must register with Youth Ministry for this Sacrament. Please see Mrs. Diane Jacinto for the forms that you need. Thank you.

Check #:

Cash:

Total Paid:

Received by:

St. Joseph Catholic Church

1294 Makawao Avenue

Makawao, HI 96768

2015-2016

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 09, 2015 to April 24, 2016.

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.**