

ST. JOSEPH CHURCH FAITH FORMATION MINISTRY
202 -202 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 preparation for the Sacraments of First Reconciliation, Confirmation and First Holy Communion starts in 1st grade with the Sacraments received in 2nd grade. Students in 3rd-8th grades who have not received 1st Reconciliation and 1st Holy Eucharist will be placed in our "Intermediate Sacramental Class." The restoration to the proper order of receiving Sacraments (Baptism, Confirmation, then Communion) has been implemented since the 2017-2018 SY. Parents / Guardians of students in Sacramental classes are required to attend a parent meeting.

Students entering Sacramental classes 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 Education 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: _____

Office Use Only	Registered St. Joseph Parishioner:
	Verified on: _____
	Envelope #: _____
	Verified by: _____

~~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 (tentatively) on the weekend of _____ (TBA). Thank you!~~

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

Email address: _____

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.
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Office Use Only	Enrollment Fee: \$ 50.00
	Date: _____
	Rcpt or Ck #: _____
	(√)Cash: _____ Ck: ___ MO: ___
	Total Paid: _____
	Received by: _____

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

202__-202__
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, 202 to July 31, 202 .

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.