

St. Joachim – St. John the Evangelist Religious Education Program

60 Liberty Street, Beacon, NY 12508

845-838-0915

Email: reledbeacon@aol.com, Website: www.stjoachim-stjohn.org/religious-ed.htm

Parish Office:
2 Oak Street
Beacon NY 12508

2010/2011 Registration
New____ Renewal____
Time Request for Sunday Mornings
(Grades 1 – 7)
8:30-10:00 a.m. 10:15– 11:45
a.m.____
8th Grade/Confirmation____

Family Name _____ Telephone _____

Address _____ Zip Code _____

Father _____ Religion _____

Mother _____ Religion _____

For Mailings: Mr. & Mrs. ____; Mr. ____; Mrs. ____; Ms. ____

Mailing Address (if P.O.Box or different from above) _____ Email _____

Parish Registration: Are you Registered in St. Joachim – St. John the Evangelist Parish? ___ Yes, ___ No

Name of children <i>Include last name of child if different from Family Name</i>	Date of Birth	Grade in School	Sacraments Received		
			*(list Church and City and submit copy of baptism certificate with this form)		
			Baptism	Reconciliation	Eucharist
1.					
2.					
3					

**Please list your child's place of Baptism, denomination of Church if other than Roman Catholic. A copy of the Baptism Certificate is necessary for all students not baptized at St. Joachim – St. John the Evangelist*

Annual Registration Per Family: \$120.00
Book Fee: \$20:00 per Child (*Free for First Child*)
Confirmation Fee: \$50.00 (gown rental and retreat)

___ I volunteer to be a catechist/catechist assistant

Sign: _____

For Office Use Only:
Date: _____
Amount: _____
Check: _____

Children's Need:

Please indicate here anything that may affect your children's ability to learn their faith. Include behavioral problems, special needs and family relationships, such as separation, divorce, or remarriage. Please be specific as much as possible. All information is confidential.

Emergency Information: Name and Telephone Numbers of an adult (other than parent) who may be contacted in an emergency

List names of adults who are allowed to pick up your children after class: _____

Parent's Statement:

Realizing that parents are the first and most important teacher of their children,
(please read and check ✓)

I will do my best to cooperate as fully as possible with the staff of St. Joachim – St. John the Evangelist Parish in the Religious Education of my children.

My children and I will participate in Mass, program events, assignments and activities in the parish and the Religious Education Program.

I understand that attendance at Religious Education classes is very important as only a short time is allocated for class each week.

I will provide written excuses for each absence and will make every effort to make sure my child makes up assignments which are missed due to absences.

Excuses from classes will not be more than four times within the year

That my child might not be allowed to proceed to the next level after missing more than four classes.

I understand that as a Catholic parent or guardian, I am responsible for the religious education of my children and that St. Joachim – St. John the Evangelist Religious Education staff is available to assist me in this process.

Parent/Guardian Signed _____ Date _____

Director of Religious Education Notation: