

St. Joseph Parish Religious Education Program (PREP)
865 Roosevelt Avenue, Carteret, NJ 07008 – 732-969-8767 – www.stjosephprep.net

NEW Registration/Re-Registration Form

mndoherty@sjps.net

2023-2024

PLEASE PRINT

Today's Date: _____

Father's Name: _____ Religion: _____ Occupation: _____

Mother's Name: _____ Religion: _____ Occupation: _____

Mother's Maiden Name: _____ Mother or Father's E-mail: (please indicate which) _____

Language spoken at home: English _____ Spanish _____

Street Address: _____ City, State, Zip Code _____

Home Phone # _____ Work Phone # (Mom) _____ Work Phone # (Dad) _____

Cell Phone # (Mom) _____ Cell Phone # (Dad) _____

Non-Parent Emergency Contact Name: _____ Phone # _____

Relation: _____ (friend/family/neighbor?)

I am a registered parishioner at St. Joseph Church, Carteret, NJ? Yes _____ Please indicate your Family Envelope # _____

I understand that as a part of raising my child in the Catholic faith, it is my responsibility to ensure that he/she attends weekly Mass.

Parent/Guardian Signature _____

(If your child has a current IEP from his/her school, please provide me with a copy. This information will be helpful in assisting us to work with your child in class and will only be shared with me Coordinator and appropriate grade catechist at St. Joseph PREP.)

COST: 1ST CHILD - \$125.00 2ND CHILD + \$70.00 3RD CHILD + \$60.00

***SACRAMENTAL FEE (FIRST HOLY COMMUNION) + \$80.00 *SACRAMENTAL FEE (CONFIRMATION) + \$105.00**

***THESE FEES ARE DUE AT THE TIME OF REGISTRATION**

FOR OFFICE USE ONLY

Reg. Fee \$ _____

Reg. Fee \$ _____

Reg. Fee \$ _____

Sub-total \$ _____

1st Comm. \$ _____

Confirm. \$ _____

TOTAL \$ _____

1st Payment due

2nd Payment due

3rd Payment due

PAYMENT CAN BE MADE BY CASH, CHECK, CREDIT OR DEBIT CARDS

NEW Registration/Re-Registration Form 2023-2024

PLEASE PRINT

STUDENT INFORMATION: New _____ Re-Registration _____

Name: _____ (M) ____ (F) ____ Last Grade completed in **Religious Education** _____

Date of Birth: _____

PLEASE COMPLETE BELOW IF THIS IS YOUR CHILD'S FIRST YEAR. INCLUDE A COPY OF EACH CERTIFICATE.

Church of Baptism** _____ City and State: _____ Date: _____

Church of 1st Reconciliation** _____ City and State: _____ Date: _____

Church of 1st Communion** _____ City and State: _____ Date: _____

Child lives with (please check): Mother ____ Father ____ Both ____ Other ____ (please specify)

*** Health Concerns and/or learning disabilities of which we should be aware _____

STUDENT INFORMATION: New _____ Re-Registration _____

Name: _____ (M) ____ (F) ____ Last Grade completed in **Religious Education** _____

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Child lives with (please check): Mother ____ Father ____ Both ____ Other ____ (please specify)

*** Health Concerns and/or learning disabilities of which we should be aware _____

#All health problems and/or learning disability information shared on this form is Confidential. However, if you are uncomfortable sharing information on this form, please contact the Coordinator of the PREP. ** New Registration Forms cannot be processed without the appropriate Sacramental Certificates.

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