



St. Joseph Parish

Office of Faith Formation

79 Case Avenue, Sharon, PA 16146

mjoseph@dioceseoferie.org

724-981-3232

FAITH FORMATION REGISTRATION FORM 2026-2027

Book and Supply Fee: \$45 one child / \$85 two or more children

Payment should accompany registration. Make checks payable to:

St. Joseph Church Religious Ed

No one will be denied participation due to financial difficulties. In such cases, please contact the Director of Faith Formation. All such cases are kept in the strictest confidence.

FAMILY LAST NAME _____

Primary Phone No. _____

Address _____

E-Mail _____

School District _____

STUDENT INFORMATION

Name (First, Middle, Last)	Birthday	Grade in Sept. '26	Baptism Church/Date	Eucharist Church/Date	Confirmation Church/Date

****If a child was NOT baptized at St. Joseph Church, please provide a Baptismal Certificate. This can be obtained by calling the church where the baptism took place.****

PARENT INFORMATION

Father's Name _____

Address _____

Email _____ Cell Phone _____

Religion _____ Parish/Church _____

Mother's Name _____ Maiden Name _____

Address _____

Email _____ Cell Phone _____

Religion _____ Parish/Church _____

Child(ren) live with:

- ☐ Both Parents
- ☐ Mother _____ 100% / _____ 50%
- ☐ Father _____ 100% / _____ 50%
- ☐ Other _____ 100 % / _____ 50% Relationship _____

If child(ren) do not live with both parents, does the non-custodial parent have permission to pick-up child(ren)? _____ YES _____ NO

Is this by court order or mutual agreement? _____ Agreement _____ Court Order

Should the non-custodial parent be kept informed of all activities of the Faith Formation Program?
_____ YES (If Yes, please provide address/email) _____ NO

EMERGENCY CONTACT (Other than parent/guardian listed above)

Name #1 _____ Relationship _____

Address _____ Phone _____

Name #2 _____ Relationship _____

Address _____ Phone _____

INDIVIDUAL CHILD'S INFORMATION

Please detail any special information or health problems regarding each student. This information will be kept strictly confidential.

Name _____

Allergies _____

Physical Needs that may impact learning _____

Learning Needs _____

Medications taken regularly (please note, we cannot dispense medication)

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Safe Environment Training

The Faith Formation Program is mandated by the Bishops of the United States to provide Safe Environment training to all students annually. Your child(ren) will receive this in-service sometime during the catechetical year. If you **DO NOT** want your child(ren) to participate, please contact the Faith Formation office **in writing**. Your child(ren) will be withheld from the program when it is presented.

FOR OFFICE USE ONLY

Date Registered _____ Date Paid _____

Amount Paid \$ _____ Cash _____ Check # _____

Entered by _____