

**ST. JOSEPH PARISH**  
**2026/2027 Registration Form**  
**Returning Students**  
**Please Return by 6/30/26**

Grade in September \_\_\_\_\_

M \_\_\_\_\_ F \_\_\_\_\_

Child's Name \_\_\_\_\_  
Last First MI

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

(Please print clearly as all information will be sent by email)

Fathers name: \_\_\_\_\_ Mothers maiden name: \_\_\_\_\_

**IN CASE OF EMERGENCY**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to child \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Allergies – Please List**

\_\_\_\_\_  
\_\_\_\_\_

**Medications – Please List**

\_\_\_\_\_  
\_\_\_\_\_

**Do you need a payment plan? ( ) yes ( ) no**

Total number of children enrolled: \_\_\_\_\_

Total payment due (including Sacramental Fee): \_\_\_\_\_

Balance Due: \_\_\_\_\_

Date Received: \_\_\_\_\_

Payment plan: YES / NO

**Tuition:**

1 child \$100

2 children \$115

3 or more \$125

**Sacramental Fee:**

First Communion: \$30

Confirmation: \$50