

RE-REGISTRATION FORM
ST. JOSEPH'S CHURCH RELIGIOUS EDUCATION
46 N. MAIN STREET
HOLLAND, NY 14080
(716) 537-9434

PARENT NAME _____ PHONE NO. _____
(Last name) (First name)

ADDRESS _____ ZIP CODE _____

Are you a **registered member** of St. Joseph's Church? _____

(IF YOU HAVE A CHILD ENTERING THE PROGRAM FOR THE FIRST TIME, PLEASE CALL THE RELIGIOUS EDUCATION OFFICE FOR A "NEW" STUDENT REGISTRATION FORM)

Child's Name

Grade in September

1. _____
2. _____
3. _____
4. _____

EMERGENCY CONTACT PERSON/TELEPHONE NUMBERS:

Relative/Friend _____
Mother's Cell/Work _____
Father's Cell/Work _____
Email - (Please print clearly) _____

Please indicate the area you are willing to volunteer your assistance:

___ Catechist ___ Classroom Assistant ___ Substitute Teacher

Please inform us of any medical or learning problems that may bear on the student's learning or behavior.
(Ex. allergies, reading problems, ADD, etc.) **This is kept confidential.** Thank you.