



**Minimal age to receive Sacraments:**  
**1<sup>st</sup> Communion – 8 yrs**  
**Confirmation – 13 yrs**  
**Must have 2 consecutive years of Religious Ed.**

**Saint Joseph's Catholic Church**  
**Religious Education Program**  
 8670 Byron Ave. Miami Beach, FL 33141  
 Phone: (305) 866-6567 Fax: (305) 864-1069  
[www.stjosephmiamibeach.com](http://www.stjosephmiamibeach.com)



**2019 - 2020**

**\*\*Please complete information for each child registering and attach a copy of baptismal certificate.\*\***

Name of child: \_\_\_\_\_ DOB: \_\_\_\_\_ Age \_\_\_\_\_ School grade (Fall): \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Tel: \_\_\_\_\_  
 Father's name \_\_\_\_\_ Tel: \_\_\_\_\_ Email: \_\_\_\_\_  
 Mother's name \_\_\_\_\_ Tel: \_\_\_\_\_ Email: \_\_\_\_\_  
 Child lives with: Name \_\_\_\_\_ Tel: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Person authorized to pick up child: \_\_\_\_\_ Tel: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Family's last name as registered at Saint Joseph Parish: \_\_\_\_\_  
 Parish of Registration if NOT registered at St. Joseph's \_\_\_\_\_  
 Did this child attend religious education last year?  Yes  No Where? \_\_\_\_\_  
 Is the child Baptized? Yes  No  What Parish? \_\_\_\_\_ Year: \_\_\_\_\_

<b>Survey for Parents</b>	
<b>Child's preparation for Sacraments:</b>	Baptism <input type="checkbox"/> 1 <sup>st</sup> Communion 1 <sup>st</sup> year <input type="checkbox"/> 2 <sup>nd</sup> year <input type="checkbox"/> Confirmation: 1 <sup>st</sup> year <input type="checkbox"/> 2 <sup>nd</sup> year <input type="checkbox"/> Rel Ed <input type="checkbox"/>
<b>Child seeks:</b>	Catechumen 1 <sup>st</sup> year <input type="checkbox"/> 2 <sup>nd</sup> year <input type="checkbox"/> RCIC 1 <sup>st</sup> year <input type="checkbox"/> 2 <sup>nd</sup> year <input type="checkbox"/> _____
<b>Class Schedule</b>	Sunday beginning at 11:15 AM to 12:15 PM
<b>COSTS</b>	\$100.00 one child, \$50.00 2nd child, \$175.00 Family (Three or more children)
	<b>*****Minimum deposit per child at Registration is \$50.00</b>
<b>Sacrament Year</b>	\$50.00 additional per child in preparation for the Sacraments

**I authorize that this child receive Protecting our Children Education (Virtus)** Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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OFFICE USE ONLY      Date of Registration: \_\_\_\_\_      Total Due: \_\_\_\_\_      Amount paid: \_\_\_\_\_      Date: \_\_\_\_\_      Balance: \_\_\_\_\_  
 Baptismal certificate received: Yes  No       Amount paid: \_\_\_\_\_      Date: \_\_\_\_\_      Balance: \_\_\_\_\_  
 Birth Certificate Received: Yes  No       Amount paid: \_\_\_\_\_      Date: \_\_\_\_\_      Balance: \_\_\_\_\_  
 Class: \_\_\_\_\_