

REGISTRATION FORM
ST. AUGUSTINE/ST. JOSEPH
HIGH SCHOOL RELIGIOUS EDUCATION PROGRAM

FAMILY NAME _____

ADDRESS/CITY/ZIP _____

PHONE – HOME _____ **CELL** _____

EMAIL _____

Our family is registered at the following parish:

- _____ **St. Augustine, Minster**
- _____ **St. Joseph, Egypt**
- _____ **St. Michael, Fort Loramie**
- _____ **St. Nicholas, Osgood**
- _____ **Other Parish, please list:** _____
- _____ **We are not registered with any parish.**

I am registering the following for the St. Augustine/St. Joseph High School Religious Education Program. Please list the first, full middle, and last name for each student and their grade. I am requesting email addresses for contact information regarding cancellation of classes or other pertinent information.

Name	Grade	Student Email
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

In registering my child for the religious education program at St. Augustine/St. Joseph, I will support my child and this program by sharing with my child my religious values and by supporting the catechetical efforts of my child’s catechists by my words and actions. This means that I will attend and participate with a positive attitude in the various parent meetings that are scheduled, that I will take an interest in what my child is learning in religious education, that I will support the discipline policy as laid out by the Education Commission of the Parish and that I will regularly pray and worship with my child. The Parish Religious Education Ministry promises to support you in your decision by providing current catechesis for you and your child both from an educational standpoint and from a religious standpoint. **Together, we bring our children to grow in faith and in the knowledge of a God that loves them.**

Father’s Signature _____

Mother’s Signature _____