

Please complete all Information

Env #

St. Joseph Catholic Church Religious Education Student Registration Wednesday 6:15-7:30 PM

Child's Name (print) Last First Middle

Address Street City St. Zip

Home Phone Number Parent's Cell

E-mail (parent's)

School Grade DOB

Father's Name Mother's Name

Address (if different from student) Address (if different from student)

Business Phone Business Phone

Religion Religion

The student lives with: Both parents ___ Father ___ Mother ___ Stepmother ___ Stepfather ___ Other ___ (relationship)

Sacraments Received: Date Parish - attach copy of Baptismal certificate (If other than St. Joseph's)

Baptism

Reconciliation

First Communion

Previous Religious Education Completed K 1 2 3 4 5 6 7

Registration Fee: \$35.00 per student Maximum per family: \$70.00

Parent/guardian signature Date

Emergency Contact (Name and Phone)

