

CONFIDENTIAL

RELIGIOUS EDUCATION REGISTRATION

ST. JOSEPH CATHOLIC CHURCH

Fee: \$50 for 1st child; \$30 for 2nd child; \$20 for 3rd child; \$100 family maximum

Family Name: _____ **Registered Parishioners?** _____

Street Address: _____

City _____ **Zip Code** _____

Family email: _____

Parent/Guardian:

1. **Name:** _____ **Relationship:** _____

Phone: _____ **Type (home, cell, work)** _____

2. **Name:** _____ **Relationship:** _____

Phone: _____ **Type (home, cell, work)** _____

Alternate phone: _____ **Type (home, cell, work)** _____

Emergency contact if you are unable to be reached:

Name: _____ **Relationship to child:** _____

Phone: _____

Student 1 Information:

Student's Name: _____ **Grade:** _____

Age: _____ **Allergies?** _____

If yes, please explain: _____.

Sacraments Received:

Baptism _____ **1st Eucharist** _____
Penance _____ **Confirmation** _____

(see reverse)

Student 2 Information:

Student's Name: _____

Grade: _____

Age: _____

Allergies? _____

If yes, please explain: _____.

Sacraments received:

Baptism _____ 1st Eucharist _____

Penance _____ Confirmation _____

Student 3 Information:

Student's Name: _____

Grade: _____

Age: _____

Allergies? _____

If yes, please explain: _____.

Sacraments received:

Baptism _____ 1st Eucharist _____

Penance _____ Confirmation _____

Student 4 Information:

Student's Name: _____

Grade: _____

Age: _____

Allergies? _____

If yes, please explain: _____.

Sacraments received:

Baptism _____ 1st Eucharist _____

Penance _____ Confirmation _____

Office use only:

Pd _____ Cash _____ Check _____