

St. Joseph – Immaculate Conception Religious Education Program  
Registration Form 2022-2023 – Page 1

Family Name (Last Name) \_\_\_\_\_  
Responsible Parent / Legal Guardian \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City / Town / Village \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
email address \_\_\_\_\_ Home Phone \_\_\_\_\_

Is your family registered at St. Joseph-Immaculate Conception Parish? Y / N  
(If no, please also complete a Parish Registration Form.)

**Father:** Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Religion \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**Mother:** Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Religion \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Please indicate with whom the student(s) live:

\_\_\_ lives with both parents \_\_\_ lives with father \_\_\_ lives with mother \_\_\_ other

**EMERGENCY CONTACT:**

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Relationship to Student(s) \_\_\_\_\_

Please also include the following, if we do not have them on file:

\_\_\_ Baptismal Certificate for each student (We will make a copy if you have the original.)

\_\_\_ Copy of First Communion Certificate – if they received in another parish

\_\_\_ Copy of permanent record card from another Religious Education Program or from a Catholic school previously attended.

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**Oldest Student:** Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M/F

Grade in school in September 2022 \_\_\_\_\_

Baptized? Y/N Location \_\_\_\_\_ 1<sup>st</sup> Communion? Y/N Location \_\_\_\_\_

New to program? Y/N If new, previous Religious Education Program \_\_\_\_\_

Any special needs in classroom? \_\_\_\_\_

Medications, Medical Conditions or Allergies, etc. \_\_\_\_\_

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**Second Student:** Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M/F

Grade in school in September 2022 \_\_\_\_\_

Baptized? Y/N Location \_\_\_\_\_ 1<sup>st</sup> Communion? Y/N Location \_\_\_\_\_

New to program? Y/N If new, previous Religious Education Program \_\_\_\_\_

Any special needs in classroom? \_\_\_\_\_

Medications, Medical Conditions or Allergies, etc. \_\_\_\_\_

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**Third Student:** Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M/F

Grade in school in September 2022 \_\_\_\_\_

Baptized? Y/N Location \_\_\_\_\_ 1<sup>st</sup> Communion? Y/N Location \_\_\_\_\_

New to program? Y/N If new, previous Religious Education Program \_\_\_\_\_

Any special needs in classroom? \_\_\_\_\_

Medications, Medical Conditions or Allergies, etc. \_\_\_\_\_

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PARENT SIGNATURE: \_\_\_\_\_ Date \_\_\_\_\_