St. Joseph's Church
Religious Education Registration Form/Family Data Sheet

Family Name_____ Home Phone_____

To whom and with what title should mail be addressed?_____

Address:_____
Number Street City/State/Zip

In Case of Emergency Contact:_____
Name Relationship

_____
Emergency Number

Father's Name_____Religion_____Occupation_____

_____
Cell phone Number Work phone number Email address

Mother's name_____Religion_____Occupation_____

Cell phone number Work phone number Email address

Child' name (Last if different)	Gender	Birth Date	Grade (entering	School	Baptism date Church/City	First Eucharist Date	Confirmation Date

Please specify if child/ren have and special needs such as medical/learning etc.	Where did children participate in Religious Education last year if not at our parish?

Please check all that apply:
Divorced/separated
Mom has remarried
Dad has remarried
Child/ren with Mom
Child/ren with Dad

Child/ren with adult other than parent
Name of religion of stepparent
_____
_____
Mother deceased
Father deceased

Name and address if mail should also go to non-custodial parent
_____
_____
_____

Parent's Signature_____

Date_____