

**ST. JOSEPH RELIGIOUS EDUCATION REGISTRATION FORM 2018-2019**  
**P.O. BOX 7005 , 1303 MENDON ROAD, CUMBERLAND, RHODE ISLAND 02864**  
**(401) 333-4014**

Please list the names of your children and their NEXT SCHOOL GRADE in Religious Education. Please indicate, if your child's surname is different.

PLEASE PRINT CLEARLY

Last Name, First Name	Please Circle	Age	Date/Place of Birth	Grade In fall/school
1. _____	Male/Female	_____	1Jan2008/Prov, RI	Gr 1, Garvin
2. _____	Male/Female	_____	_____	_____
3. _____	Male/Female	_____	_____	_____
4. _____	Male/Female	_____	_____	_____

Father's Name \_\_\_\_\_  
 First Middle Initial Last

Mother's Name: \_\_\_\_\_ ( \_\_\_\_\_ )  
 First Middle Initial Last Maiden

Address: \_\_\_\_\_ Town/State/Zip \_\_\_\_\_

Mother's Home Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_

Father's Home Ph: \_\_\_\_\_ Cell Ph : \_\_\_\_\_ Work Ph: \_\_\_\_\_

Email address: \_\_\_\_\_

Please indicate Emergency method of getting a hold of you: cell/work/home/email \_\_\_\_\_

If student does not live with both parents, please indicate with whom he/she is living \_\_\_\_\_

SPECIAL NEEDS - EXAMPLE: Medical, allergies or learning? Please explain:

BAPTISM DATE/PLACE \_\_\_\_\_ FIRST COMMUNION DATE/PLACE \_\_\_\_\_

Additional space on back of form

<p><b>GRADES 1 -6</b></p> <p><b>BAPTISMAL RECORD NEEDED</b></p> <p><b>FEE: \$60.00 PER CHILD</b></p>
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<p><b>GRADES 7-10</b></p> <p><b>BAPTISMAL RECORD NEEDED</b></p> <p><b>FIRST COMMUNION RECORD NEEDED</b></p> <p><b>FEE: 100.00 PER CHILD</b></p> <p><b>(INCLUDES RETREAT FEE)</b></p>
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do not write below this line

*For Official Use Only*

Date \_\_\_\_\_ Amount \_\_\_\_\_

Cash: \_\_\_\_\_ Check \_\_\_\_\_

Child's Name \_\_\_\_\_

Special Needs \_\_\_\_\_

BAPTISM DATE/PLACE \_\_\_\_\_

FIRST COMMUNION DATE/PLACE \_\_\_\_\_

Child's Name \_\_\_\_\_

Special Needs \_\_\_\_\_

BAPTISM DATE/PLACE \_\_\_\_\_

FIRST COMMUNION DATE/PLACE \_\_\_\_\_

Child's Name \_\_\_\_\_

Special Needs \_\_\_\_\_

BAPTISM DATE/PLACE \_\_\_\_\_

FIRST COMMUNION DATE/PLACE \_\_\_\_\_

Child's Name \_\_\_\_\_

Special Needs \_\_\_\_\_

BAPTISM DATE/PLACE \_\_\_\_\_

FIRST COMMUNION DATE/PLACE \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_