

# ST. JOSEPH CHURCH - RELIGIOUS EDUCATION FORM 2018/2019

Parent's Last Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phones – Home \_\_\_\_\_ Cell \_\_\_\_\_

Parent e-mail \_\_\_\_\_

Father's Name \_\_\_\_\_ Religion \_\_\_\_\_

Mother's Name \_\_\_\_\_ Religion \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_

Stepparent/Guardian's Name \_\_\_\_\_

Registered in parish (Circle One) Yes No

In the event of an emergency, who should be contacted? \_\_\_\_\_

## CHILDREN BEING REGISTERED (more spaces on back of page)

NOTE: Under "Name" list child's full given name. Indicate which sacraments have been celebrated ALREADY by placing a "X" on the line.

1. Name \_\_\_\_\_ Male \_\_\_ Female \_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

Nick name \_\_\_\_\_

School grade/CCD grade for 2017/2018 \_\_\_\_\_ Public School Attending \_\_\_\_\_

\_\_\_ Baptism \_\_\_ Reconciliation \_\_\_ First Holy Communion \_\_\_ Confirmation

Special needs--Learning difficulties, allergies, physical or health needs, family circumstances:

\_\_\_\_\_

2. Name \_\_\_\_\_ Male \_\_\_ Female \_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

Nick name \_\_\_\_\_

School grade/CCD grade for 2017/2018 \_\_\_\_\_ Public School Attending \_\_\_\_\_

Baptism  Reconciliation  First Holy Communion  Confirmation

Special needs--Learning difficulties, allergies, physical or health needs, family circumstances

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3. Name \_\_\_\_\_ Male  Female  Date of Birth \_\_\_/\_\_\_/\_\_\_

Nick name \_\_\_\_\_

School grade/CCD grade for 2017/2018 \_\_\_\_\_ Public School Attending \_\_\_\_\_

Baptism  Reconciliation  First Holy Communion  Confirmation

Special needs--Learning difficulties, allergies, physical or health needs, family circumstances:

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4. Name \_\_\_\_\_ Male  Female  Date of Birth \_\_\_/\_\_\_/\_\_\_

Nick name \_\_\_\_\_

School grade/CCD grade for 2017/2018 \_\_\_\_\_ Public School Attending \_\_\_\_\_

Baptism  Reconciliation  First Holy Communion  Confirmation

Special needs--Learning difficulties, allergies, physical or health needs, family circumstances:

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5. Name \_\_\_\_\_ Male  Female  Date of Birth \_\_\_/\_\_\_/\_\_\_

Nick name \_\_\_\_\_

School grade/CCD grade for 2017/2018 \_\_\_\_\_ Public School Attending \_\_\_\_\_

Baptism  Reconciliation  First Holy Communion  Confirmation

Special needs--Learning difficulties, allergies, physical or health needs, family circumstances:

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## **VOLUNTEER INFORMATION - CAN YOU HELP?**

I would be interested in being a substitute catechist

My child (4<sup>th</sup> gr. & older) would be interested in being a Mass server

