

St. Joseph Parish Religious Education Registration Form for grades K-12

(All personal information is confidential and for parish use only)

Please print

Student's Name _____
Last First Full Middle

Mailing Address _____
Street and house number City Zip Code

Date of Birth _____ City and State of Birth _____

What School does the child attend? _____ Grade _____

Father's Name _____
Last First Full Middle

Mother's Name _____
Last First Full Middle Maiden Name

Parent's Email Addresses _____
(Please circle preferred email address)

Home phone number _____ able to receive texts? Yes or No

Mother's Cellphone Number _____ able to receive texts? Yes or No

Father's Cellphone Number _____ able to receive texts? Yes or No
(Please circle preferred contact number)

Were the child's parents married in the Catholic Church? Circle yes or no

Has your child celebrated the following sacraments?

Baptism _____
Name of church City State

First Communion _____
Name of church City State

Reconciliation/Confession _____
Name of church City State

Confirmation _____
Name of church City State

Anything else about your child that we should be aware of? (Medical conditions, allergies, dual parent custody, etc.) _____

Please return to the parish office or place in the collection basket to the attention of Michele Stoner