

**St. Joseph-Immaculate Conception Religious Education**

**P.O. Box 587, Millbrook, NY 12545**

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**Religious Education Registration Form 2018-19**

**Page One**

Family name (Last Name) \_\_\_\_\_

Responsible Parent or Legal Guardian \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_ Phone \_\_\_\_\_

Father: Last name \_\_\_\_\_ First name \_\_\_\_\_ Religion \_\_\_\_\_

Work phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother: Last name \_\_\_\_\_ First \_\_\_\_\_ Maiden name \_\_\_\_\_

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

If parents are divorced or live apart, please indicate whether student(s) live with

\_\_\_ Father    \_\_\_ Mother    \_\_\_ both    \_\_\_ other

If "other" please explain briefly \_\_\_\_\_

**PERSON TO CONTACT IN CASE OF EMERGENCY**

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

Address \_\_\_\_\_

Relationship \_\_\_\_\_

Please complete page two with information for each student being registered in our religious education program. Please include the following if they have not yet been submitted:

\_\_\_\_\_ Baptismal Certificate    \_\_\_\_\_ Copy of permanent record card from another parish

\_\_\_\_\_ Copy of First Communion certificate if received in another parish

**Oldest student:** Last name \_\_\_\_\_ First \_\_\_\_\_ M/F

Grade in school in Sept. 2018 \_\_\_\_\_ Baptized? \_\_\_\_\_ Received First Communion? \_\_\_\_\_

New in program? \_\_\_\_\_ if new, previous religious education? \_\_\_\_\_

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

Comments \_\_\_\_\_

**Second student:** Last name \_\_\_\_\_ First \_\_\_\_\_ M/F

Grade in school in Sept. 2018 \_\_\_\_\_ Baptized? \_\_\_\_\_ Received First Communion? \_\_\_\_\_

New in program? \_\_\_\_\_ if new, previous religious education? \_\_\_\_\_

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

Comments \_\_\_\_\_

**Third student:** Last name \_\_\_\_\_ First \_\_\_\_\_ M/F

Grade in school in Sept. 2018 \_\_\_\_\_ Baptized? \_\_\_\_\_ Received First Communion? \_\_\_\_\_

New in program? \_\_\_\_\_ if new, previous religious education? \_\_\_\_\_

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

Comments \_\_\_\_\_

**PARENT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**TUITION PAID BY** \_\_\_\_\_ **CASH** \_\_\_\_\_ **CHECK** \_\_\_\_\_ **CHECK #** \_\_\_\_\_ **AMOUNT** \_\_\_\_\_