$\frac{\text{REGISTRATION FORM FOR ST. JOSEPH'S RELIGIOUS EDUCATION PROGRAM}}{2023-2024}$

Child's Name	400	Grade	Ag	e	
Address					
Phone	Emergency#		Cell:	Email:	
Date of Birth	Place of	Birth (City/Sta	ite)		
Father's Name		Religion			
Mother's Name (include	e maiden)	- Andrew	Religion		
Date of Baptism	(Church Baptisi	n		-
Address of Church:(Proof of date of baptism			ions photocop	pies are acceptable.)	-
	Yes No	_; if yes, when			-
					- -
					- -
Are there any physical of explain:			, and the second	_No if yes, please	-
Are you a registered me would like to be.	ember of St. Joseph	n's Parish? Ye	s No	I am not a registered n	nember but
enrolled in these religiour children especially	ous education cla by our lifestyle a	sses. I unders ind example.	stand that we I understand	St. Joseph's Parish to hat parents are the primary I that my child is to atten is integral to his/her spin	teachers of d Mass each
		.	Parent's Sign	ature	
Fee: \$65.00 per child \$50.00 for 2 nd Ch \$50.00 for 3 rd Ch Maximum \$150.00 per	ild r Family				