

REGISTRATION FORM FOR ST. JOSEPH'S RELIGIOUS EDUCATION PROGRAM
2024 – 2025

Child's Name _____ Grade _____ Age _____

Address _____

Phone _____ Emergency# _____ Cell: _____ Email: _____

Date of Birth _____ Place of Birth (City/State) _____

Father's Name _____ Religion _____

Mother's Name (include maiden) _____ Religion _____

Date of Baptism _____ Church Baptism _____

Address of Church: _____

(Proof of date of baptism is required for all new registrations photocopies are acceptable.)

Has this child received the following sacraments?

1. First Penance: Yes _____ No _____; if yes, when _____
where _____

2. First Eucharist: Yes _____ No _____; if yes, when _____
where _____

3. Confirmation: Yes _____ No _____; if yes, when _____
where _____

Are there any physical or learning disabilities or Allergies? Yes _____ No _____ if yes, please
explain: _____

Are you a registered member of St. Joseph's Parish? Yes _____ No _____ I am not a registered member but
would like to be.

I understand that I must be a registered, participating member of St. Joseph's Parish to have my child enrolled in these religious education classes. I understand that we parents are the primary teachers of our children especially by our lifestyle and example. I understand that my child is to attend Mass each Sunday and that this experience of weekly worship and fellowship is integral to his/her spiritual growth and well-being.

Parent's Signature

Fee: \$65.00 per child

\$50.00 for 2nd Child

\$50.00 for 3rd Child

Maximum \$150.00 per Family

Paid: _____ Cash _____ Check