

New Returning

**ST. JOSEPH Religious Education K-8  
2017-2018 Registration**

Family Name \_\_\_\_\_ Phone # \_\_\_\_\_ Child lives with: Both Parents Single Parent-Mother  
(if different from child's last name) Single Parent-Father Mother/Stepfather Father/Stepmother Guardian

**Needs 1st Communion**

Student Name \_\_\_\_\_, \_\_\_\_\_ Birth date \_\_\_\_\_ Male/Female Grade \_\_\_\_\_   
Last First month/day/year (circle one) (2017/2018)

Student Name \_\_\_\_\_, \_\_\_\_\_ Birth date \_\_\_\_\_ Male/Female Grade \_\_\_\_\_   
Last First month/day/year (circle one) (2017/2018)

Student Name \_\_\_\_\_, \_\_\_\_\_ Birth date \_\_\_\_\_ Male/Female Grade \_\_\_\_\_   
Last First month/day/year (circle one) (2017/2018)

Student Name \_\_\_\_\_, \_\_\_\_\_ Birth date \_\_\_\_\_ Male/Female Grade \_\_\_\_\_   
Last First month/day/year (circle one) (2017/2018)

Father's Name \_\_\_\_\_, \_\_\_\_\_ Mother's Name \_\_\_\_\_, \_\_\_\_\_  
Last First Last First Maiden

Address \_\_\_\_\_ Address \_\_\_\_\_  
(if different from child's) (if different from child's)

Phone # \_\_\_\_\_ Phone # \_\_\_\_\_  
(if different from child's) (if different from child's)

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

Religion \_\_\_\_\_ Religion \_\_\_\_\_

**PLEASE CHECK CLASS SESSION YOUR CHILD WILL BE ATTENDING:**

- K-8 Wednesday 4:30 pm – 5:45 pm
- K-8 Wednesday 6:15 pm – 7:30 pm
- Home Schooling