

RELIGIOUS EDUCATION REGISTRATION 2020/2021



St. Joseph Catholic Church

532 Avenue M NW
Winter Haven, FL 33881
(863) 294-3144
Fax (863) 299-9709

Class; _____
Sac. Yr.: _____
Catechist: _____
Fee payments

PLEASE COMPLETE EACH FORM

Please select

Registered parishioner at St Joseph Another Parish, Parish Name: _____

A copy of Baptismal Certificate accompanies registration form or is on file

First and Last Name: _____

Date of Birth: _____ Place of Birth: _____ Gender: Male Female

School Attending: _____ Grade in School: _____ Last Religious Ed. Grade: _____

Received Baptism? No Yes If yes, list parish and city: _____

Received First Reconciliation? No Yes If yes, list parish and city: _____

Received First Communion? No Yes If yes, list parish and city: _____

Received Confirmation? No Yes If yes, list parish and city: _____

Please list any special need or handicap of your child: _____

FAMILY INFORMATION

Family Last Name: _____ Home Phone: _____

Address: _____ Legal Custody: _____

City, State, Zip Code: _____

Marital Status: Married by Civil Law Married in Catholic Church Married Non-Catholic church

Child's Parents: Divorced Separated Single Widowed

FATHER

MOTHER- Maiden Name: _____

First and Last Name: _____ | _____

Religion: _____ | _____

Occupation: _____ | _____

Address (if different): _____ | _____

City, State, Zip: _____ | _____

Cell Phone: _____ | _____

E-Mail:

Preferred Contact:

Cell Phone

E-Mail

Mail

|

Cell Phone

E-Mail

Mail