

RELIGIOUS EDUCATION REGISTRATION 2018/2019



St. Joseph Catholic Church
 532 Avenue M, N.W.
 Winter Haven, FL 33881
 (863) 294-3144 * Fax (863) 299-9709

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

PLEASE FILL EACH FORM FULLY

Please check:

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 (please circle) 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 of - 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