

Today's Date: _____

St. Joseph Catholic Church

2020-2021 Registration for Classes for Sacrament of Preparation

Family Name: _____ Home Phone: _____
Address: _____ Father's Name: _____
City: _____ Zip: _____ Father's Cell: _____
Family Registered @ the Parish: ____ Yes ____ No Mother's Name: _____
Family e-mail: _____ Mother's Cell: _____

Please mark what weekend Mass you usually attend Saturday: 5pm 7pm Sunday: 8am 10:30 am 12:30pm

It is required that your family be a Registered Parishioner for your child to attend Preparation Classes for Sacraments . If you are not registered, complete a registration form as soon as possible & provide a copy of your child's Baptismal record.

Child #1

First and Last Name: _____ Sex: M __ F __ Date of Birth: _____
Age & Grade @ School by August, 2020: _____
Check all Sacraments your child has received: ____ BAPTISM ____ EUCHARIST ____ RECONCILIATION ____ CONFIRMATION
Name and City/State of Church where your child was Baptized: _____
Mark if your child received Faith Formation Last Year: _____ Yes _____ No
If yes, where: _____

Child #2

First and Last Name: _____ Sex: M __ F __ Date of Birth: _____
Age & Grade @ School by August, 2020: _____
Check all Sacraments your child has received: ____ BAPTISM ____ EUCHARIST ____ RECONCILIATION ____ CONFIRMATION
Name and City/State of Church where your child was Baptized: _____
Mark if your child received Faith Formation Last Year: _____ Yes _____ No
If yes, where: _____

Child #3

First and Last Name: _____ Sex: M __ F __ Date of Birth: _____
Age & Grade @ School by August, 2020: _____
Check all Sacraments your child has received: ____ BAPTISM ____ EUCHARIST ____ RECONCILIATION ____ CONFIRMATION
Name and City/State of Church where your child was Baptized: _____
Mark if your child received Faith Formation Last Year: _____ Yes _____ No
If yes, where: _____

For office use only

Cost/Fees for Materials:

Reconciliation & First Communion

Confirmation Class

CASH: _____ CHECK: _____ DATE: _____