

Today's Date: _____

St. Joseph Catholic Church

2021-2022 Registration for Classes for Sacramental Preparation

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| 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.

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|---|-------------------------------------|
| Child #1 | |
| First and Last Name: _____ | Sex: M __ F __ Date of Birth: _____ |
| Age & Grade @ School by August, 2021: _____ | |
| 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, 2021: _____ | |
| 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, 2021: _____ | |
| 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

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| Cost/Fees for Materials: |
| Reconciliation & First Communion |
| Confirmation Class |
| CASH: _____ CHECK: _____ DATE: _____ |