

Saint Joseph Parish

Religious Education Registration

2018 - 2019

Mother's Name _____

Father's Name _____

Address _____

City, State, Zip _____

Home Phone _____

Cell Phone _____

Email _____

Your email address is important! Most parental contact will be done through email

Student Name	Parish	City	State	Parish	City	State
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Registration fee: \$55.00 x _____ number of students Total _____

Check number _____ Cash paid _____

Parent Signature _____ **Date** _____