

**Saint Joseph Parish**

**Religious Education Registration**

**2021-2022**

**Mother's Name** \_\_\_\_\_

**Father's Name** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_

**City, State, Zip** \_\_\_\_\_

\_\_\_\_\_

Home Phone \_\_\_\_\_

\_\_\_\_\_

Cell Phone \_\_\_\_\_

\_\_\_\_\_

**Email** \_\_\_\_\_

\_\_\_\_\_

**Student Name**

Parish

City

State

Parish

City

State

\_\_\_\_\_ Grade \_\_\_\_ Baptism \_\_\_\_\_ First Communion \_\_\_\_\_

\_\_\_\_\_ Grade \_\_\_\_ Baptism \_\_\_\_\_ First Communion \_\_\_\_\_

\_\_\_\_\_ Grade \_\_\_\_ Baptism \_\_\_\_\_ First Communion \_\_\_\_\_

**Registration Fee:** \$55.00 x \_\_\_\_\_ number of students      Total \_\_\_\_\_

Check number \_\_\_\_\_ Cash paid \_\_\_\_\_

**Health and Medical Information Form** \_\_\_\_\_

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_