Saint Joseph Parish

Religious Education Registration

2023-2024

| 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: | \$30.00 x | number of stud | dents (Ma | ximum of | \$75/family) Total _ | | | | |
| Check number | | Cash paid | | | _ | | | | |
| Health and Medic | cal Informa | tion Form | | | | | | | |
| Parent Signature_ | | | | | Date | | | | |