



Saint Joseph Parish

Office use only: MC: Y N
Cash Check # _____
Date: _____ Amount: _____

Parish School of Religion Registration Form 2017-2018

Family Information

Child's Full Name _____
First Middle Last

Child's date of birth: ____/____/____ Male Female

Home Address:

Street City Zip

Primary Phone: _____ Alternative Phone: _____

School Child Attends: _____ Grade: _____

Name of Father _____ Religion: _____

Name of Mother _____ Religion: _____
Please include maiden name

Parent's Email Addresses:

(We communicate primarily by email. Please provide an accurate email address and check it often)

Emergency contact _____ Relationship _____ Phone _____

Are you currently registered members of Saint Joseph Parish? ____Yes ____No

If not, which parish do you belong? _____

Sacramental Information:

Baptism: Church: _____ City: _____ Date: _____

First Communion: Church: _____ City: _____ Date: _____

Information and Fees

- PSR Classes are held on Monday evenings, from 6:30-7:45 p.m. in the Saint Joseph Parish School Building
- Fees are \$40.00 per child
- Make all checks payable to "Saint Joseph Parish"