

St. Joseph's Church  
Religious Education Registration Form/Family Data Sheet

Family Name \_\_\_\_\_ Home Phone \_\_\_\_\_

To whom and with what title should mail be addressed? \_\_\_\_\_

Address: \_\_\_\_\_

Number                      Street    City/State/Zip

In Case of Emergency Contact: \_\_\_\_\_

Name    Relationship

Emergency Number

Father's Name: \_\_\_\_\_ Religion: \_\_\_\_\_ Occupation: \_\_\_\_\_

Cell phone number                      Work phone number    Email address

Mother's Name: \_\_\_\_\_ Religion: \_\_\_\_\_ Occupation: \_\_\_\_\_

Cell phone number                      Work phone number    Email address

<i>Child's Name</i> <i>(Last if different)</i>	<i>Gender</i>	<i>Birth Date</i>	<i>Grade</i> <i>(entering)</i>	<i>School</i>	<i>Baptism Date</i> <i>Church/City</i>	<i>First Eucharist</i> <i>Date</i>	<i>Confirmation</i> <i>Date</i>
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Please specify if child/ren have any special needs such as medical/learning, etc.	Where did child/ren participate in Religious Education last year if not at our parish?
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*Please check all that apply:*

- |   |   |
|---|---|
| <input type="checkbox"/> 2 parents at home<br><input type="checkbox"/> Divorced/separated<br><input type="checkbox"/> Mom has remarried<br><input type="checkbox"/> Dad has remarried<br><input type="checkbox"/> Child/ren with Mom<br><input type="checkbox"/> Child/ren with Dad | <input type="checkbox"/> Child/ren with adult other than parent<br>Name and religious of step-parent<br>_____<br><input type="checkbox"/> Mother Deceased<br><input type="checkbox"/> Father Deceased |
|---|---|

Name and address if mail should also go to non-custodial parent

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>		
Amt. due _____	Amt. Paid _____	Balance Due _____
Check # _____	M.O. # _____	Cash _____