

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 _____

Child' name (Last if different)	Gender	Birth Date	Grade (entering)	School	Baptism date Church/City	First Eucharist Date	Confirmation Date

Please specify if child/ren have and special needs such as medical/learning etc.	Where did children participate in Religious Education last year if not at our parish?

Please check all that apply:
 Divorced/separated
 Mom has remarried
 Dad has remarried
 Child/ren with Mom
 Child/ren with Dad

Child/ren with adult other than parent
 Name of religion of stepparent

 Mother deceased
 Father deceased

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

Parent's Signature _____

Date _____