

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

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's name	Gender	Date of Birth	Grade (entering)	School	Baptism Date/Church	Eucharist Date/Church

Please specify if child/ren have any special needs:

Learning disabilities: _____

Physical needs: _____

Allergies/Medications: _____

Special Instructions: _____

Where did child/ren participate in Religious Education last year if not at our parish? _____

Please check all that apply:	Permission to use child/ren photos	Name and address if mail should go to a non-custodial parent:
Two parents at home	Yes	
Divorced/separated	No	
Child/ren with Mom		
Child/ren with Dad		
Mother/father deceased		

Parents Signature: _____ Date: _____

For office use only		
Amount due:	Amount paid:	Balance due:
Check #	M.O.#	Cash

