

# ST. JOSEPH RELIGIOUS EDUCATION REGISTRATION 2017-2018

**All classes will be at 8:30-9:45am**

<b>DATE</b>	<b>Are you presently registered in the Parish? ____ Yes ____ No. If the answer is no, please register at the Rectory as soon as possible. You must be a registered member of the Parish in order to have children attend the Religious Education Program.</b>			
<b>FATHER'S LAST NAME</b>	<b>FATHER'S FIRST NAME</b>		<b>RELIGION</b>	
<b>MOTHER'S LAST NAME</b>	<b>MOTHER'S FIRST NAME</b>	<b>MOTHER'S MAIDEN NAME</b>	<b>RELIGION</b>	
<b>ADDRESS</b>		<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>
<b>HOME PHONE</b>		<b>FATHER'S CELL PHONE</b>	<b>MOTHER'S CELL PHONE</b>	
<b>E-MAIL</b>				
<b>STUDENT'S NAME – <i>Please list oldest child first.</i></b>			<b>BIRTH DATE</b>	
<b>SCHOOL DISTRICT ATTENDING IN SEPTEMBER</b>		<b>GRADE IN SEPTEMBER</b>		
<b>BAPTISM</b> ____ YES ____ NO	<b>DATE</b>	<b>CHURCH</b>	<b>CITY</b>	<b>STATE/ZIP CODE</b>
<b>IF CHILD WAS NOT BAPTIZED AT ST. JOSEPH, PLEASE SUBMIT A COPY OF CHILD'S BAPTISM CERTIFICATE TO THE RELIGIOUS EDUCATION OFFICE WITH THE REGISTRATION FORM.</b>				
<b>RECONCILIATION</b> ____ YES ____ NO	<b>DATE</b>	<b>CHURCH</b>	<b>CITY</b>	<b>STATE/ZIP CODE</b>
<b>COMMUNION</b> ____ YES ____ NO	<b>DATE</b>	<b>CHURCH</b>	<b>CITY</b>	<b>STATE/ZIP CODE</b>
<b>CONFIRMATION</b> ____ YES ____ NO	<b>DATE</b>	<b>CHURCH</b>	<b>CITY</b>	<b>STATE/ZIP CODE</b>
<b>Does this child have any <i>learning disability</i> of which we should be aware? ____ YES ____ NO</b> <b>IF YES, please indicate the nature of his/her problem.</b>				
<b>Does this child have any <i>physical disability</i> of which we should be aware? ____ YES ____ NO</b> <b>IF YES, please indicate the nature of his/her problem.</b>				

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COMMUNION ___YES___NO	DATE	CHURCH	CITY	STATE/ZIP CODE	
CONFIRMATION ___YES___NO	DATE	CHURCH	CITY	STATE/ZIP CODE	

Does this child have any *learning disability* of which we should be aware? \_\_\_YES\_\_\_NO  
 IF YES, please indicate the nature of his/her problem.

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