

St Joseph Parish
Religious Education Program
Registration Form

Child's Information:

My Child will be entering Grade _____ in Religion Classes.

Child's Name: _____
GIVEN NAME(S) LAST NAME

Date of Birth: _____
DD/MM/YY

Sacramental Information:

Baptism: _____
DD/MM/YY CHURCH CITY

Received First Communion: _____
YES/NO IF YES, LOCATION

Received Confirmation: _____
YES/NO IF YES, LOCATION

Parental Information:

Father's Name: _____
GIVEN NAME(S) LAST NAME RELIGION

Mother's Name: _____
GIVEN NAME(S) LAST NAME RELIGION

Address: _____
STREET ADDRESS CITY POSTAL CODE

Home Phone: _____ Bus. Phone: _____

Email Address: _____

Emergency Contact: _____
(Other than Parent(S)) NAME PHONE NUMBER

Signature of Parent: _____ Date: _____

Please note: A cheque payable to St Joseph Parish for \$40.00 per child to a maximum of \$90.00 per family should be enclosed with the registration form.