

St. Joseph Catholic Church

Faith Formation Registration

Name of Student: _____ Grade: _____

Address: _____

Date of Birth: _____ Place of Birth: _____

Father: _____
Religion: _____

Mother: _____
Religion: _____

Mother's Maiden Name: _____

Telephone: _____
email: _____

Emergency Contact: _____ Telephone: _____ Relation: _____

If student is not presently living with one or both parents named above, please provide the name and address of the person/guardian with whom the child is residing:

Name: _____
Religion: _____

Address: _____
Telephone: _____

Sacraments

circle yes or no

Baptism: yes no

Reconciliation (Confession): yes no

Eucharist (First Communion): yes no

Confirmation: yes no

Registration Fee: \$20 per child

If a family has difficulty with meeting the registration fee, arrangements can be made through speaking with the Pastor. No family will be refused because of lack of funds.

For office use only:

Paid: _____ Installments: _____ Date: _____