

2020 – 2021 REGISTRATION FORM

ST. JOSEPH RELIGIOUS EDUCATION

Student Name: _____ Date of Birth: _____ Girl: Boy:
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Father's name: _____ Cell Phone: _____

Mother's name: _____ Cell Phone: _____

Guardian's name: _____ Phone: _____

Emergency contact name (Relationship): _____ Phone: _____

- Does your child have any allergies? YES NO

Please explain

School Information

Attending Public School: _____ Grade in 2020: _____

- Does your child have Special Education Needs? YES NO

Please, explain:

Sacraments Information

Sacrament of Baptism YES NO

Church where your child received Baptism: _____ Date: _____

Address: _____

Sacrament of First Communion: YES NO

Place where your Child received First communion: _____ Date: _____

Address: _____

FOR OFFICE STAFF ONLY

REGISTRATION FEE:

1 CHILD (\$100.) 2 CHILDREN (\$150.00) 3 OR MORE CHILDREN (\$ 200.00)

Amount Paid: \$ _____ Date: _____ Staff Signature: _____