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
_____
Emergency number

Mother's name_____Religion_____ Occupation_____

_____
Cell phone number Work phone number Email address

Father'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 _____		_____

Parents Signature: _____Date: _____

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