

# ST. JOSEPH RELIGIOUS EDUCATION REGISTRATION FORM 2019-2020

P.O. BOX 7005 , 1303 MENDON ROAD, CUMBERLAND, RHODE ISLAND 02864

(401) 333-4014

**Please list the names of your children and their NEXT SCHOOL GRADE in Religious Education. Please indicate, if your child's surname is different.**

**PLEASE PRINT CLEARLY**

Last Name, First Name	Please Circle	Age	Date/Place of Birth	Grade In fall/school
1. _____	Male/Female	_____	1Jan2008/Prov, RI	Gr 1, Garvin
2. _____	Male/Female	_____	_____	_____
3. _____	Male/Female	_____	_____	_____
4. _____	Male/Female	_____	_____	_____

Father's Name \_\_\_\_\_  
First Middle Last

Mother's Name: \_\_\_\_\_ ( \_\_\_\_\_ )  
First Middle Last Maiden

Address: \_\_\_\_\_ Town/State/Zip \_\_\_\_\_

Mother's Home Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_

Father's Home Ph: \_\_\_\_\_ Cell Ph : \_\_\_\_\_ Work Ph: \_\_\_\_\_

Email address: \_\_\_\_\_

Please indicate Emergency method of getting a hold of you: cell/work/home/email \_\_\_\_\_

If student does not live with both parents, please indicate with whom he/she is living \_\_\_\_\_

SPECIAL NEEDS - EXAMPLE: Medical, allergies or learning? Please explain:

BAPTISM DATE/PLACE \_\_\_\_\_ FIRST COMMUNION DATE/PLACE \_\_\_\_\_

Additional space on back of form

**GRADES 1 -6**  
**BIRTH CERTIFICATE (COPY)**  
**BAPTISMAL RECORD NEEDED**  
**FEE: \$60.00 PER CHILD**

**GRADES 7-10**  
**BIRTH CERTIFICATE (COPY)**  
**BAPTISMAL RECORD NEEDED**  
**FIRST COMMUNION RECORD NEEDED**  
**FEE: 100.00 PER CHILD**  
**(INCLUDES RETREAT FEE)**

do not write below this line

*For Official Use Only*

Date \_\_\_\_\_ Amount \_\_\_\_\_

Cash: \_\_\_\_\_ Check \_\_\_\_\_

**Child's Name** \_\_\_\_\_

**Special Needs** \_\_\_\_\_

**BAPTISM DATE/PLACE** \_\_\_\_\_

**FIRST COMMUNION DATE/PLACE** \_\_\_\_\_

**Child's Name** \_\_\_\_\_

**Special Needs** \_\_\_\_\_

**BAPTISM DATE/PLACE** \_\_\_\_\_

**FIRST COMMUNION DATE/PLACE** \_\_\_\_\_

**Child's Name** \_\_\_\_\_

**Special Needs** \_\_\_\_\_

**BAPTISM DATE/PLACE** \_\_\_\_\_

**FIRST COMMUNION DATE/PLACE** \_\_\_\_\_

**Child's Name** \_\_\_\_\_

**Special Needs** \_\_\_\_\_

**BAPTISM DATE/PLACE** \_\_\_\_\_

**FIRST COMMUNION DATE/PLACE** \_\_\_\_\_

**COMMENTS:** \_\_\_\_\_

\_\_\_\_\_