

ST. JOSEPH RELIGIOUS EDUCATION REGISTRATION FORM 2021-2022
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	___	_____	_____
2. _____	Male/Female	___	1Jan2008/Prov, RI	Gr 1, Garvin
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

<p><u>GRADES 1 -6</u> BIRTH CERTIFICATE (COPY) BAPTISMAL RECORD NEEDED FEE: \$60.00 PER CHILD</p>
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<p><u>GRADES 7-10</u> BIRTH CERTIFICATE (COPY) BAPTISMAL RECORD NEEDED FIRST COMMUNION RECORD NEEDED FEE: 100.00 PER CHILD (INCLUDES RETREAT FEE)</p>
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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: _____
