

**Saint Joseph Religious Education Office**

420 East Simpson Street  
Mechanicsburg, PA 17055  
Office: 717-766-2472  
Email: rep@stjosephmech.org

*OFFICE USE ONLY*

Date: \_\_\_\_\_

Payment: \_\_\_\_\_

*Baptismal*

*Medical*

*Understanding*

**Are you a current member of Saint Joseph Parish? Yes \_\_\_\_\_ No \_\_\_\_\_**  
If yes, what is your parish ID number (found on church envelopes): \_\_\_\_\_  
If no, what parish are you a current member of: \_\_\_\_\_

**TUITION FEE:**

**Preschool, Grade K-8: \$50.00 (per child) (checks payable to Saint Joseph)**  
**High School Program: no cost**

**FAMILY INFORMATION:** To assist the REP Office 717-766-2472 please advise of any email, phone, or address changes throughout year.

**Mother/Parent Name:** \_\_\_\_\_ **Mother's Maiden Name** \_\_\_\_\_  
Address \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_ **Zip** \_\_\_\_\_  
**Email Address** \_\_\_\_\_ **Marital Status\*** \_\_\_\_\_ **Religion** \_\_\_\_\_  
**Home Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Father/Parent Name:** \_\_\_\_\_  
Address \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_ **Zip** \_\_\_\_\_  
**Email Address** \_\_\_\_\_ **Marital Status\*** \_\_\_\_\_ **Religion** \_\_\_\_\_  
**Home Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

\*If separated/divorced should we notify both parents via email, phone, and/or mailings? \_\_\_\_\_

\_\_\_\_\_

**STUDENT REGISTRATION: CHILD #1**

REP Grade 2020-2021 \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Public School Grade 2020-2021 \_\_\_\_\_ School Building \_\_\_\_\_ School District \_\_\_\_\_

Date of Birth \_\_\_\_\_ Birth City & State \_\_\_\_\_ **Special Needs or other requests** \_\_\_\_\_Class Session: Sunday (**Preschool 2yr-K**) Monday (**Gr. 1-8**)Wednesday (**Grades 9 – 12**)**Sacraments Received:** Catholic Baptism Yes \_\_\_No\_\_\_ Church of Baptism/Address: \_\_\_\_\_If **NO** what denomination \_\_\_\_\_

First Reconciliation \_\_\_\_\_ First Eucharist \_\_\_\_\_ Confirmation \_\_\_\_\_

**STUDENT REGISTRATION: CHILD #2**

REP Grade 2020-2021 \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Public School Grade 2020-2021 \_\_\_\_\_ School Building \_\_\_\_\_ School District \_\_\_\_\_

Date of Birth \_\_\_\_\_ Birth City & State \_\_\_\_\_ **Special Needs or other requests** \_\_\_\_\_Class Session: Sunday (**Preschool 2yr-K**) Monday (**Gr. 1-8**)Wednesday (**Grades 9 – 12**)**Sacraments Received:** Catholic Baptism Yes \_\_\_No\_\_\_ Church of Baptism/Address: \_\_\_\_\_If **NO** what denomination \_\_\_\_\_

First Reconciliation \_\_\_\_\_ First Eucharist \_\_\_\_\_ Confirmation \_\_\_\_\_

**STUDENT REGISTRATION: CHILD #3**

REP Grade 2020-2021 \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Public School Grade 2020-2021 \_\_\_\_\_ School Building \_\_\_\_\_ School District \_\_\_\_\_

Date of Birth \_\_\_\_\_ Birth City & State \_\_\_\_\_ **Special Needs or other requests** \_\_\_\_\_Class Session: Sunday (**Preschool 2yr-K**) Monday (**Gr. 1-8**)Wednesday (**Grades 9 – 12**)**Sacraments Received:** Catholic Baptism Yes \_\_\_No\_\_\_ Church of Baptism/Address: \_\_\_\_\_If **NO** what denomination \_\_\_\_\_

First Reconciliation \_\_\_\_\_ First Eucharist \_\_\_\_\_ Confirmation \_\_\_\_\_