

RELIGIOUS EDUCATION REGISTRATION FORM
CATHEDRAL OF SAINT JOSEPH - BURLINGTON, VERMONT

DATE: _____

Father: _____
First Name Middle Name Last Name

Cell or Home Phone: _____ Emergency Phone for Father _____

Address: _____

Mother: _____
First Name Middle Name Last Name

Cell or Home Phone: _____ Emergency Phone for Mother _____

Address if different from above: _____

Father's Religion: _____ Mother's Religion _____

Our family is a member of St. Joseph Co-Cathedral: Yes _____ No _____ If no, what church do you attend: _____

Guardian or Step Parent: _____

Address (Street, City, State, Zip) _____

Cell or Home Phone: _____ Emergency Phone _____

Relationship to student: _____ Guardian or Step-Parent's Religion _____

Parent/Guardian Signature _____

Turn over to complete the back of this form.

RELIGIOUS EDUCATION REGISTRATION FORM
CATHEDRAL OF SAINT JOSEPH - BURLINGTON, VERMONT
CATECHETICAL YEAR -----

Student Information:

First Name	Last Name	Boy or Girl	Grade	Age	Date of Birth	City & State of Birth

Sacramental Information: (Please attach a copy of the child's Baptism record, if not Baptized at St. Joseph's)

First Name	Last Name	Church of Baptism & Location	First Communion and Confirmation (Y/N)
			First Communion Confirmation
			First Communion Confirmation
			First Communion Confirmation
			First Communion Confirmation
			First Communion Confirmation
			First Communion Confirmation

SPECIAL NEEDS: (Example: Allergies, ADD, physical restrictions) Attach a separate sheet with child's name, grade and special need(s) information.