

St. Joseph Church

2020-2021

Religious Education Registration
33 West St., Rockville, CT 06066

Family Information

Family Last Name:	Date:
Father's Name:	Father's Cell:
Mother's Name:	Mother's Cell:
Mother's Maiden:	Email:
Home Phone:	Emergency Contact:
Address:	Emergency Phone:
City, State, Zip:	Both Parents Catholic? Y / N

(If your child was NOT baptized at St. Joseph, you must provide a copy of their baptismal certificate before class begins. Payment is due upon registration. Thank you.)

Student #1 Information

Child Name:	Birth Date:
Gender: Male / Female	Catholic? Y / N
Grade in Fall 2020:	
Sacraments Received: Baptism Y / N Eucharist Y / N Reconciliation Prep. Y / N Confirmation Y / N	Dates of Received Sacraments:
Special Needs (Learning, Physical, Medical, etc)	Additional Comments:

Student #2 Information

Child Name:	Birth Date:
Gender: Male / Female	Catholic? Y / N
Grade in Fall 2020:	
Sacraments Received: Baptism Y / N Eucharist Y / N Reconciliation Prep. Y / N Confirmation Y / N	Dates of Received Sacraments:
Special Needs (Learning, Physical, Medical, etc)	Additional Comments:

Student #3 Information

Child Name:	Birth Date:
Gender: Male / Female	Catholic? Y / N
Grade in Fall 2020:	
Sacraments Received: Baptism Y / N Eucharist Y / N Reconciliation Prep. Y / N Confirmation Y / N	Dates of Received Sacraments:
Special Needs (Learning, Physical, Medical, etc)	Additional Comments:

Tuition Due: _____ **Tuition Paid:** _____ **Date:** _____