

St Joseph Parish
Religious Education Registration
 280 Oak Tree Lane, Lincoln, CA 95648

Family Last Name: _____

Date: _____

Father's Name: _____

Home Phone: _____

Mother's Name: _____

Mom/Dad Work/Cell: _____

Mother's Maiden: _____

Emergency Contact: _____

Custodial Parent, if different from above: _____

Email: _____

Home Address: _____

Both Parents Catholic? Y ___ N ___

Child	Birthdate	Sex	Grade	Session	Room	Class
Sacrament and Date:	Baptism <input type="checkbox"/>	Catholic? <input type="checkbox"/>	Eucharist <input type="checkbox"/>	Penance <input type="checkbox"/>	Confirmation <input type="checkbox"/>	
Special Needs: medical, learning disabilities, physical disabilities: _____						

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Special Needs: medical, learning disabilities, physical disabilities: _____						

NOTE: If any of your children were baptized outside of this parish, and you have not already supplied us with a copy of each child's baptismal record, you will need to supply a copy for our files.

Tuition due: \$ _____ Tuition Pd: \$ _____ Signature: _____