

**ST. JOSEPH PARISH RELIGION EDUCATION
522 TOWER DRIVE
KELLNERSVILLE, WI 54215**

RELIGION EDUCATION REGISTRATION FORM / 2021-2022

FAMILY LAST NAME: _____

Are you a member of St. Joseph Parish? Yes _____ No _____

If No, where are you a member? _____

Marital Status: (*circle one*) Single Married Divorced Separated Widowed

Child/Children live with (*circle one*) Both Mother Father Other _____

PRIMARY ADDRESS TO SEND ALL COMMUNICATIONS:

Address _____ **City** _____ **Zip** _____

Mom's Name: _____

Mom cell #: _____ **Can cell # receive texts?** Y / N

Mom E-mail: _____

Dad's Name: _____

Dad cell #: _____ **Can cell # receive texts?** Y / N

Dad E-mail: _____

ALSO SEND COMMUNICATIONS TO (if applicable):

Address _____ **City** _____ **Zip** _____

E-mail: _____

EMERGENCY CONTACT INFORMATION:

Name _____ **Phone #** _____

Relationship to child _____

I am registering the following child(ren) in St. Joseph's Religion Education Program for the 2021-2022 Year.

Full Name of Student (FirstName MiddleName LastName)	Grade Level 2020-2021

Parent Signature _____ **Date:** _____