

**ST. JOSEPH THE WORKER PARISH
RELIGIOUS EDUCATION
REGISTRATION (2020-2021)**

MAIN CONTACT _____
PHONE (cell) _____ (home) _____
EMERGENCY (name) _____ (phone) _____

ONE FORM PER CHILD

Child's Last Name	First Name	Middle Name
Date of Birth	Place of Birth	
Child's Street Address	Town, State, ZIP	
(856) _____ Home Phone	School Child is Attending	Grade entering Sept. 2019

FAMILY INFORMATION

Father _____ Phone (cell) _____ email _____
Marital Status: Married ____ Sep./Div. ____ Deceased ____ Religion _____
Father's Address (if different from child) _____
Mother _____ Phone (cell) _____
Maiden Last First email _____
Marital Status: Married ____ Sep./Div. ____ Deceased ____ Religion _____
Mother's Address (if different from child) _____

EMERGENCY CONTACT OTHER THAN PARENT

NAME _____ PHONE _____
Relationship to child _____

Please list any religious education grades not completed by child _____

Please be specific to list any special needs your child may have - Food Allergies / Medical Needs / Medication

SACRAMENTAL INFORMATION

(Please list dates, location)

	Date	Name of Church	City, State, ZIP
BAPTISM	_____	_____	_____
FIRST EUCHARIST	_____	_____	_____
TODAY'S DATE	_____	FEE Amount Paid _____	Check # / Cash