

# St. Joseph Catholic Church

## Faith Formation Registration

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Father: \_\_\_\_\_ Religion: \_\_\_\_\_

Mother: \_\_\_\_\_ Religion: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_ Relation: \_\_\_\_\_

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If student is not presently living with one or both parents named above, please provide the name and address of the person/guardian with whom the child is residing:

Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

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### Sacraments

*circle yes or no*

Baptism:      yes      no

Reconciliation (Confession):      yes      no

Eucharist (First Communion):      yes      no

Confirmation:      yes      no

### Registration Fee: \$25 per child

If a family has difficulty with meeting the registration fee, arrangements can be made through speaking with the Pastor. No family will be refused because of lack of funds.

*For office use only:*

Paid: \_\_\_\_\_

Installments: \_\_\_\_\_

Date: \_\_\_\_\_