

REGISTRATION FORM

Please note: An *Original Baptismal Certificate* and any necessary **transcripts** must be seen at the time of registration.

Teachers are needed for this program.

DATE OF REGISTRATION: _____.

Child's Name:		Sex: M F	Date of Birth		AGE	GRADE (as of 9-19)
Address		Town		Name of Public School		
Home Phone #	Family Email Address		Emergency #		Emergency Name	
Father's Name		Father's email:	Cell Phone #	Father's Religion		
Father's Address (if different from above)		Town		Marital Status		
Mother's First Name	Maiden Name	Mother's email	Cell Phone #	Marital Status		
Mother's Address (if different from above)		Town		Mother's Religion		
Please indicate your preference for class days (1st, 2nd, 3rd)	Monday	Tuesday	Wednesday	Thursday		
Church of Baptism.		Religion Baptized into:		Allergies:		
Physical or Learning Problems			<i>Does your child receive any services?</i>			
Please check if you would like information about teaching a class			YES	NO		
Baptismal Certificate Seen & Copied			YES	NO		
Transcript received:	YES	NO	Siblings in Program			
			Grade/Day	Grade/Day	Grade/Day	Grade/Day
Level Completed			Grade/Day	Grade/Day	Grade/Day	Grade/Day
Census checked	Yes	No	Census #			

PARISH RELIGIOUS EDUCATION PROGRAM: St. Joseph's Parish Education Program is offered to the children of parishioners to help them fulfill their obligation to teach their children the truths of our Catholic faith. Parishioners include all those who live within the parish boundaries and those who demonstrate their membership by their participation in the ministries of the parish and by their financial support.