



St. Joseph Religious Education Program

Jesus said, "Let the children come to me, and do not prevent them;
for the kingdom of heaven belongs to such as these."

Matthew 19:14

2025 - 2026 Registration

Father's Name:	Date of Birth:
First Middle Last	

Mother's Name:	Date of Birth:
First Maiden Last	

Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Single	Children Reside with: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Other:
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FAMILY INFORMATION

Home Address:	Home Phone:
City, State, Zip:	Email Address:
Father's Work Phone:	Mother's Work Phone:
Father's Cell Phone:	Mother's Cell Phone:
Best phone to reach you: <input type="checkbox"/> Home <input type="checkbox"/> Mom's Cell <input type="checkbox"/> Dad's Cell	Email is checked: <input type="checkbox"/> Daily <input type="checkbox"/> Every few days <input type="checkbox"/> Once/week <input type="checkbox"/> Almost never

Father's Religion:	Mother's Religion:
Sacraments received by father: <input type="checkbox"/> Baptism <input type="checkbox"/> Confession <input type="checkbox"/> Communion <input type="checkbox"/> Confirmation	Sacraments received by mother: <input type="checkbox"/> Baptism <input type="checkbox"/> Confession <input type="checkbox"/> Communion <input type="checkbox"/> Confirmation

EMERGENCY CONTACTS

Name:	Relation:	Phone Number:
Name:	Relation:	Phone Number:

ELDEST CHILD being registered for Religious Education classes

Full Name:	Birth Date & City:	
First Middle Last		
Date of Baptism:	at:	City, State:
Date of First Reconciliation:	at:	Grade in school as of Sept. 2025:
Date of First Holy Communion:	at:	Name of School: and City:
Date of Confirmation:	at:	
Grades of Religious Ed. completed at St. Joseph:	1 2 3 4 5 6 7 8	First year of RE at St. Joseph was/is:
At other parish(es):	1 2 3 4 5 6 7 8	Name and Location of Parish(es):
Special Needs/Allergies:		

All information you provide will remain confidential.
Very important: If your child was not Baptized
and/or did not receive First Holy Communion at
St. Joseph, **you must attach a copy of their
Baptismal and/or First Communion Certificates**

Turn page over to register additional children

For Office Use Only:

Paid / NOT paid CASH / Check # _____

Amount \$ _____ Payment Date _____

CHILD 2

Full Name:		Birth Date & City:
First	Middle	Last
Date of Baptism:	at:	City, State:
Date of First Reconciliation:	at:	Grade in school as of Sept. 2025:
Date of First Holy Communion:	at:	Name of School and City:
Date of Confirmation:	at:	
Grades of Religious Ed. completed at St. Joseph: 1 2 3 4 5 6 7 8		First year of RE at St. Joseph was/is:
At other parish(es): 1 2 3 4 5 6 7 8		Name and Location of Parish(es):
Special Needs/Allergies:		

CHILD 3

Full Name:		Birth Date & City:
First	Middle	Last
Date of Baptism:	at:	City, State:
Date of First Reconciliation:	at:	Grade in school as of Sept. 2025:
Date of First Holy Communion:	at:	Name of School and City:
Date of Confirmation:	at:	
Grades of Religious Ed. completed at St. Joseph: 1 2 3 4 5 6 7 8		First year of RE at St. Joseph was/is:
At other parish(es): 1 2 3 4 5 6 7 8		Name and Location of Parish(es):
Special Needs/Allergies:		

CHILD 4

Full Name:		Birth Date & City:
First	Middle	Last
Date of Baptism:	at:	City, State:
Date of First Reconciliation:	at:	Grade in school as of Sept. 2025:
Date of First Holy Communion:	At:	Name of School and City:
Date of Confirmation:	at:	
Grades of Religious Ed. completed at St. Joseph: 1 2 3 4 5 6 7 8		First year of RE at St. Joseph was/is:
At other parish(es): 1 2 3 4 5 6 7 8		Name and Location of Parish(es):
Special Needs/Allergies:		

For more than four children, please request an additional form and attach it to this one.