

Date \_\_\_\_\_

**ST. JOSEPH THE WORKER  
RELIGIOUS EDUCATION PROGRAM  
STUDENT REGISTRATION FORM**

STUDENT \_\_\_\_\_ GRADE \_\_\_\_\_

ADDRESS \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ CITY/STATE \_\_\_\_\_

SCHOOL ATTENDING \_\_\_\_\_

TELEPHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

<b>SACRAMENTS</b>	<b>YES / NO</b>	<b>CHURCH</b>	<b>TOWN / STATE</b>
BAPTISM	_____	_____	_____
PENANCE	_____	_____	_____
EUCCHARIST	_____	_____	_____
CONFIRMATION	_____	_____	_____

**FAMILY INFORMATION**

Father's name \_\_\_\_\_ Religion \_\_\_\_\_

Mother's name \_\_\_\_\_ Religion \_\_\_\_\_  
(First and Maiden)

Parents are (please check)  married  separated  divorced  single  widowed

Who is responsible for full-time care: \_\_\_\_\_

The child will be regularly dropped off by \_\_\_\_\_

Are there any special learning needs, medications, or health needs of your child, which should be known to the classroom instructor? \_\_\_\_\_

**Do you have any siblings in religious education? \_\_\_\_\_ What grade(s) \_\_\_\_\_**

**IN CASE OF EMERGENCY, PLEASE CONTACT:**

**NAME \_\_\_\_\_ TELEPHONE \_\_\_\_\_**