

2016-2017 ST. JOSEPH / ST. PAUL RELIGIOUS EDUCATION REGISTRATION
STUDENT INFORMATION

1. _____ // _____ // _____
Child's First Name Child's Middle Name Child's Last Name

_____ // _____ // _____ // _____
Birth Date Male Female Grade Public School Attending

SACRAMENT INFORMATION

Baptized Catholic? Yes ___ No ___ Date _____ Church _____
Eucharist Yes ___ No ___ Date _____ Church _____
Confirmation Yes ___ No ___ Date _____ Church _____

Special Needs: Medical, Learning Disabilities and Physical Disabilities _____

2. _____ // _____ // _____
Child's First Name Child's Middle Name Child's Last Name

_____ // _____ // _____ // _____
Birth Date Male Female Grade Public School Attending

SACRAMENT INFORMATION

Baptized Catholic? Yes ___ No ___ Date _____ Church _____
Eucharist Yes ___ No ___ Date _____ Church _____
Confirmation Yes ___ No ___ Date _____ Church _____

Special Needs: Medical, Learning Disabilities and Physical Disabilities _____

3. _____ // _____ // _____
Child's First Name Child's Middle Name Child's Last Name

_____ // _____ // _____ // _____
Birth Date Male Female Grade Public School Attending

SACRAMENT INFORMATION

Baptized Catholic? Yes ___ No ___ Date _____ Church _____
Eucharist Yes ___ No ___ Date _____ Church _____
Confirmation Yes ___ No ___ Date _____ Church _____

Special Needs: Medical, Learning Disabilities and Physical Disabilities _____

4. _____ // _____ // _____
Child's First Name Child's Middle Name Child's Last Name

_____ // _____ // _____ // _____
Birth Date Male Female Grade Public School Attending

SACRAMENT INFORMATION

Baptized Catholic? Yes ___ No ___ Date _____ Church _____
Eucharist Yes ___ No ___ Date _____ Church _____
Confirmation Yes ___ No ___ Date _____ Church _____

Special Needs: Medical, Learning Disabilities and Physical Disabilities _____