

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

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**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 \_\_\_\_\_

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**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 \_\_\_\_\_

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**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 \_\_\_\_\_

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**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 \_\_\_\_\_

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