St Joseph Church

Religious Ed. Registration 670 West Main Street, Plain City, OH 43064

ily Last Name:		Date:	
Father's Name:		Father's Cell / Work:	
Mother's Name:		Mother's Cell / Work:	
Mother's Maiden:		Email Address:	
Home Phone:		Emergency Contact:	
Home Address:		Emergency Phone:	
City, ST Postal:		Both Parents Catholic? Y	es / No
nal Students			
T #1 INFORMA	TION		
Child Name:		Catholic?	Yes / No
Gender:	☐ Male ☐ Female	Sacrament Details	Check & Date All Below
Birth Date:		Baptism:	
Grade:		Eucharist:	
Session:		Reconciliation Prep:	
Class: Special Needs	(Medical, Learning Disabilities, Phys	Confirmation:	
Class: Special Needs T #2 INFORMA	(Medical, Learning Disabilities, Phys	Confirmation:	
Class: Special Needs T #2 INFORMA Child Name:	(Medical, Learning Disabilities, Phys	Confirmation:	
Class: Special Needs T #2 INFORMA Child Name: Gender:	(Medical, Learning Disabilities, Phys	Confirmation: sical Disabilities, etc): Catholic? Sacrament Details	Yes / No
Class: Special Needs T #2 INFORMA Child Name: Gender: Birth Date:	(Medical, Learning Disabilities, Physology TION Male Female	☐ Confirmation: sical Disabilities, etc): Catholic? Sacrament Details ☐ Baptism:	Yes / No
Class: Special Needs T #2 INFORMA Child Name: Gender: Birth Date: Grade:	(Medical, Learning Disabilities, Physology TION	☐ Confirmation: sical Disabilities, etc): Catholic? Sacrament Details ☐ Baptism: ☐ Eucharist:	Yes / No
Class: Special Needs T #2 INFORMA Child Name: Gender: Birth Date: Grade:	(Medical, Learning Disabilities, Phys	☐ Confirmation: sical Disabilities, etc): Catholic? Sacrament Details ☐ Baptism: ☐ Eucharist:	Yes / No
Class: Special Needs T #2 INFORMA Child Name: Gender: Birth Date: Grade: Session: Class:	(Medical, Learning Disabilities, Phys	Catholic? Sacrament Details Baptism: Eucharist: Reconciliation Prep: Confirmation:	Yes / No
Class: Special Needs T #2 INFORMA Child Name: Gender: Birth Date: Grade: Session: Class: Special Needs	(Medical, Learning Disabilities, Physical Male Female (Medical, Learning Disabilities, Physical Medical, Physical Med	Catholic? Sacrament Details Baptism: Eucharist: Reconciliation Prep: Confirmation:	Yes / No
Class: Special Needs T #2 INFORMA Child Name: Gender: Birth Date: Grade: Session: Class: Special Needs T #3 INFORMA	(Medical, Learning Disabilities, Physical Male Female (Medical, Learning Disabilities, Physical Medical, Physical Med	Catholic? Sacrament Details Baptism: Eucharist: Reconciliation Prep: Confirmation: Sical Disabilities, etc):	Yes / No Check & Date All Below
Class: Special Needs T #2 INFORMA Child Name: Gender: Birth Date: Grade: Session: Class: Special Needs T #3 INFORMA Child Name:	(Medical, Learning Disabilities, Physical Male Female (Medical, Learning Disabilities, Physical Medical, Physical Med	Catholic? Sacrament Details Baptism: Eucharist: Reconciliation Prep: Confirmation: Sical Disabilities, etc):	Yes / No Check & Date All Below
Class: Special Needs T #2 INFORMA Child Name: Gender: Birth Date: Grade: Session: Class: Special Needs T #3 INFORMA Child Name: Gender:	(Medical, Learning Disabilities, Physical Male Female (Medical, Learning Disabilities, Physical Male Female	Catholic? Sacrament Details Baptism: Bucharist: Reconciliation Prep: Confirmation: Sical Disabilities, etc): Catholic? Sacrament Details	Yes / No Check & Date All Below Yes / No
Class: Special Needs T #2 INFORMA Child Name: Gender: Birth Date: Grade: Session: Class: Special Needs T #3 INFORMA Child Name: Gender: Birth Date:	(Medical, Learning Disabilities, Physology TION Male Female (Medical, Learning Disabilities, Physology TION Male Female	Catholic? Sacrament Details Baptism: Beconciliation Prep: Confirmation: Sical Disabilities, etc): Catholic? Sacrament Details Baptism: Catholic? Sacrament Details Baptism:	Yes / No Check & Date All Below Yes / No
Class: Special Needs T #2 INFORMA Child Name: Gender: Birth Date: Grade: Session: Class: Special Needs T #3 INFORMA Child Name: Gender: Birth Date: Grade:	(Medical, Learning Disabilities, Physical Male Female (Medical, Learning Disabilities, Physical Male Female	Catholic? Sacrament Details Baptism: Eucharist: Catholic? Catholic? Sacrament Details Confirmation: Sical Disabilities, etc): Catholic? Sacrament Details Baptism: Eucharist: Catholic? Sacrament Details Baptism: Eucharist:	Yes / No Check & Date All Below Yes / No Check & Date All Below

Child Name:		Catholic?	Yes / No
Gender:	☐ Male ☐ Female	Sacrament Details	Check & Date All Below
Birth Date:		☐ Baptism:	
Grade:		☐ Eucharist:	
Session:		Reconciliation Prep:	
Class:		☐ Confirmation:	
NT #5 INFORMA	TION		
01.11.1.55			/>-
		Catholic?	Yes / No
	☐ Male ☐ Female	Catholic? Sacrament Details	Yes / No Check & Date All Below
Gender:			,
Gender: Birth Date:	☐ Male ☐ Female	Sacrament Details Baptism:	Check & Date All Below
Gender: Birth Date: Grade:	☐ Male ☐ Female	Sacrament Details Baptism: Eucharist:	Check & Date All Below
Gender: Birth Date: Grade: Session:	☐ Male ☐ Female	Sacrament Details Baptism: Eucharist:	Check & Date All Below
Gender: Birth Date: Grade: Session: Class:	☐ Male ☐ Female	Sacrament Details Baptism: Eucharist: Reconciliation Prep: Confirmation:	Check & Date All Below
Gender: Birth Date: Grade: Session: Class: Special Needs	Male Female (Medical, Learning Disabilities, Physical on were baptized outside of this parish, and your for our files.	Sacrament Details Baptism: Eucharist: Confirmation Prep: Confirmation: Disabilities, etc):	Check & Date All Below