

St Joseph Church

Religious Ed. Registration

670 West Main Street, Plain City, OH 43064

FAMILY INFORMATION

Family 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? Yes / No

Additional Students

STUDENT #1 INFORMATION

Child Name: _____

Catholic? Yes / No

Gender: ☐ Male ☐ Female

Sacrament Details

Check & Date All Below

Birth Date: _____

☐ Baptism: _____

Grade: _____

☐ Eucharist: _____

Session: _____

☐ Reconciliation Prep: _____

Class: _____

☐ Confirmation: _____

Special Needs (Medical, Learning Disabilities, Physical Disabilities, etc):

STUDENT #2 INFORMATION

Child Name: _____

Catholic? Yes / No

Gender: ☐ Male ☐ Female

Sacrament Details

Check & Date All Below

Birth Date: _____

☐ Baptism: _____

Grade: _____

☐ Eucharist: _____

Session: _____

☐ Reconciliation Prep: _____

Class: _____

☐ Confirmation: _____

Special Needs (Medical, Learning Disabilities, Physical Disabilities, etc):

STUDENT #3 INFORMATION

Child Name: _____

Catholic? Yes / No

Gender: ☐ Male ☐ Female

Sacrament Details

Check & Date All Below

Birth Date: _____

☐ Baptism: _____

Grade: _____

☐ Eucharist: _____

Session: _____

☐ Reconciliation Prep: _____

Class: _____

☐ Confirmation: _____

Special Needs (Medical, Learning Disabilities, Physical Disabilities, etc):

STUDENT #4 INFORMATION**Child Name:** _____**Catholic?** Yes / NoGender: ☐ Male ☐ Female**Sacrament Details**

Check & Date All Below

Birth Date: _____

☐ Baptism: _____

Grade: _____

☐ Eucharist: _____

Session: _____

☐ Reconciliation Prep: _____

Class: _____

☐ Confirmation: _____**Special Needs** (Medical, Learning Disabilities, Physical Disabilities, etc):
_____**STUDENT #5 INFORMATION****Child Name:** _____**Catholic?** Yes / NoGender: ☐ Male ☐ Female**Sacrament Details**

Check & Date All Below

Birth Date: _____

☐ Baptism: _____

Grade: _____

☐ Eucharist: _____

Session: _____

☐ Reconciliation Prep: _____

Class: _____

☐ Confirmation: _____**Special Needs** (Medical, Learning Disabilities, Physical Disabilities, etc):

NOTE: If any of your children were baptized outside of this parish, and you have not already supplied us with a copy of each child's baptismal record, you will need to supply a conv for our files.

Tuition DUE: \$ _____**Tuition PAID:** \$ _____**Signature:** _____