

St Joseph Parish
Religious Education Registration
59 Main St, High Bridge, NJ 08829

Date: _____

Family, Last Name: _____

Home Phone: _____

First Name(s) _____

Mom/Dad Work: M _____ D _____

M. Maiden Name: _____

Emerg. Phone: _____

Custodial Parent if different from above: _____

Email: _____

Rel Ed Mailing to additional address?
 If so, state: (2 lines)

Both parents Catholic? Y N

Child	Birthdate	Sex	Grade	Session	Sacr. Prog
_____	_____	<input type="radio"/> M <input type="radio"/> F	_____	_____	_____
	Baptism	Catholic?	Eucharist	Penance	Confirmation
	_____	<input type="radio"/> Y <input type="radio"/> N	_____	_____	_____
Sacrament and date:					
Special needs: medical, learning disabilities, physical disabilities: (2 lines)					

Child	Birthdate	Sex	Grade	Session	Sacr. Prog
_____	_____	<input type="radio"/> M <input type="radio"/> F	_____	_____	_____
	Baptism	Catholic?	Eucharist	Penance	Confirmation
	_____	<input type="radio"/> Y <input type="radio"/> N	_____	_____	_____
Sacrament and date:					
Special needs: medical, learning disabilities, physical disabilities: (2 lines)					

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	Baptism	Catholic?	Eucharist	Penance	Confirmation
	_____	<input type="radio"/> Y <input type="radio"/> N	_____	_____	_____
Sacrament and date:					
Special needs: medical, learning disabilities, physical disabilities (2 lines):					

INSTRUCTIONS

- Please complete this form and submit with tuition and any other required forms to the Religious Education Coordinator.**
- If any of your children were baptized outside of St. Joseph Parish and you have not already supplied us with a copy of each child's baptismal record, you will need to supply a copy for our files.**

For Parish Office Use Only		
Tuition Due: \$ _____	Tuition Paid: \$ _____	Signature: _____