

SAINT JOSEPH'S PARISH REGISTRATION FORM (please print)

Date _____ Child's Name _____ Child's Date of Birth _____
Street _____
Address _____ City _____ State _____ Zip _____
Father's Full Name _____ ; _____ ^ _____
Mother's Full Name _____ Telephone Number _____

BAPTISM

Parish in which Baptized/location ^ _____
Date of Baptism _____

FIRST COMMUNION (EUCHARIST)

Parish in which Eucharist received/location _____
Date of Eucharist _____

RELIGIOUS EDUCATION PROGRAM HISTORY & SCHOOL INFO

Was your child registered in St. Joseph's Religious Education Program **last** year?

YES __ **NO** __ TfNo, a certificate of Baptism and First **Communion must** be presented **at the** time of registration. (If your child received the sacraments at **St. Joseph's Troy, proof is** not required).

School Child Currently Attends: _____
Current Grade To Be Enrolled In Sept _____

PERMISSION FOR PHOTOGRAPHS/VIDEOTAPES

I hereby authorize and give my consent for the taking of pictures (moving **or still**) of _____ and further give my permission for **their** reproduction for teaching purposes only, news release, publication, and community awareness programs.

_____ signature
Relationship _____

Please print how you wish mailings to **be** addressed:

Please sign and date so to confirm all information herein: ^

Faith Formation Registration Fee: **1 Child: \$25.00; 2 Children \$45.00 3 or more children \$65.00**
***Class Day/Time: Sunday 9:15AM - 10:15 AM in the Madden Center