

St. Joseph Church Parish School of Religion Student Registration 2016-2017

Student's Name: _____ Phone: _____ or _____

Address: _____ Date of Birth: _____

Email Address: _____

Present School: Alliance Marlinton RC/SJ St. Thomas West Branch other _____ Grade: _____

Mother's Full Name: _____ Phone: _____

Religion: _____ Father living? _____

Father's Full Name: _____ Phone: _____

Religion: _____ Mother living? _____

Parents' marital status _____ child lives with _____ both parents _____ mother _____ father _____ grandparent
_____ other

IN EMERGENCY, if parents cannot be reached, call: _____ ph: _____

Any special needs or disabilities we should be aware of? _____

Names of brothers/sisters in program: _____

Baptism Date _____ Church _____ City, State _____

First Holy Communion Y/N First Reconciliation Y/N Confirmation Y/N

Signature: _____ Date: _____

Please describe any special requests/needs you have on the back of this form

STUDENT FEE: \$15 for one student, \$30 for two or more children.