

St. Joseph Catholic Church
Religious Education
Individual Student Registration

Wednesday Nights: 6:15 – 7:30 PM Env # _____

Child's Name:			
	Last	First	Middle
Child's Address:			
Street:			
	City:	State:	Zip:
Home Phone Number:			
School:		Grade:	
DOB:			
Father's Name:			
Father's Address:			
Street:			
	City:	State:	Zip:
Business Phone:			
Cell Phone:			
E-Mail :			
Religion:			
Mother's Name:			
Mother's Address:			
Street:			
	City:	State:	Zip:
Business Phone:			
Cell Phone:			
E-Mail :			
Religion:			
Student Lives With: Circle One	Both Parents	Father	Mother
		Stepmother	Stepfather
			Other: Relationship:
Sacramental Preparation: Please circle all sacraments your child is receiving this year:			
Baptism	First Reconciliation	First Communion	Confirmation
Sacraments Received:			
Sacrament	Date	Parish	
Baptism			
Reconciliation			
First Communion			
Confirmation			
Previous Religious Education Completed: Circle: K 1 2 3 4 5 6 7			
Registration Fee:	\$35.00 Per Child	Maximum Per Family 70.00	
Parent / Guardian:			
Emergency Contact:			

Medical Release Form

MEDICAL INFORMATION AND RELEASE FORM	
Childs Name:	
Physician's Name:	
Physician's Phone:	
Please list any special medical information for your child (for example, any medications or special needs or education required): List:	
List any Allergies:	
<p>In the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical, dental diagnosis, or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.</p> <p>I fully understand that students are to abide by all rules and regulations governing conduct and safety while attending religious education classes and related activities. Any violation of these rules and regulations may result in that individual being sent home.</p>	
Signature of Parent / Guardian:	
Date:	Date effective until:
Address:	
Telephone Number:	
Insurance Carrier:	Policy Number: