

RELIGIOUS EDUCATION STUDENT REGISTRATION FORM ST. JOSEPH & ST. NICHOLAS PARISHES

2011-2012 Registration Fee: \$20/child (maximum \$60/family)
RETURN THIS FORM, THE WAIVER, & FEE TO YOUR PARISH OFFICE BY AUGUST 7, 2011.

Please list all students being registered. Indicate first and last name of each child.

Name of Student	Grade Entering	Date of Birth	Baptism (date/church)	Reconciliation Yes/No	Eucharist Yes/No	Confirmation Yes/No

Family Information

Father's name _____ Registered in which parish _____

Father's home phone _____ Father's cell phone _____

Mother's name _____ Registered in which parish _____

Mother's home phone _____ Mother's cell phone _____

Address of Father _____
Street City State Zip

Father's email address _____

Mother's email address _____

Address of mother if different from father _____

With whom does the student live?
 Parents _____ Other than parents _____
Name & Relationship to Student

If parents are separated who has custody? _____

Who is authorized to pick up the child/ren? _____

____ ***Yes, I would like to help in the religious education program. Please contact me.***

Signature of parent/guardian _____ Date _____

A SEPARATE MEDICAL/EMERGENCY/MEDIA WAIVER MUST BE COMPLETED BEFORE CLASSES BEGIN ON AUGUST 24, 2011. GO TO www.stjosephdale.com OR www.stnicholascatholicchurch.org TO PRINT THE REQUIRED FORM. THE CLASS SCHEDULE IS AVAILABLE ON THE WEBSITES. ALL FORMS ARE ALSO AVAILABLE IN THE BACK OF CHURCH.