

St. Joseph Parish Religious Education Form

Student Contact Information:

Please list all children in your family that will attend St. Joseph's Religious Education Classes (K-8)

Student Name	Grade	Date of Birth	Has been baptized	Rec'd. First Communion
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

Parent Contact Information:

Parents: _____

Address: _____ City: _____ Zip: _____

Mom Cell Phone: _____ Dad Cell Phone: _____

Mom Email: _____ Dad Email: _____

Home Phone: _____ Are you registered parishioners at St. Joseph Parish? ___ YES ___ NO

If you are not a registered member of St. Joseph Parish, please note the parish at which you are registered: _____

Emergency contact to call during RE Class: Name: _____ Phone: _____

____ YES, I grant permission to use photos of my child in/on the parish's bulletin, newsletter, website, and social media accounts.

____ NO, please do NOT take or use any photos of my child.

The Religious Education program is provided to all registered St. Joseph parishioners. Fees may apply for those not registered at St. Joseph Parish.

Parent Signature: _____ Date: _____

VOLUNTEERS NEEDED! We rely on faithful volunteers to pass on the good news of Jesus Christ to our students. There are MANY opportunities to help. Parents, please prayerfully consider volunteering for our Religious Education program in some capacity. Thank you.