

ST. JOSEPH CHURCH
Parish School of Religion

Registration Form
2010-2011

Family Last Name _____

Father's First Name _____ Religion _____

Mother's First Name _____ Religion _____

Mother's Maiden Name _____

Street Address _____

City/State/Zip _____

Home Phone # _____ Alternate Phone # (i.e. cell) _____

Email Address _____

Child(ren) lives with:

Both parents mother only father only guardian mother & stepfather father & stepmother

Child(ren) to be registered

Name	M/F	Age/Grade	Birth Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please return completed form on or before August 25, 2010
Sessions for grades K-8 begin September 8th.

Fee per child \$50.00

Total fees are due by October 8, 2010.

Total fee due \$ _____

Fees paid \$ _____

Balance \$ _____

*Please fill out the emergency information
on the reverse side.*



LOOKING FORWARD TO A GREAT YEAR!!! SEE YOU SOON!!!