

**ST. JOSEPH CHURCH**  
**Parish School of Religion**

Registration Form

2009-2010

Grades K through 8

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 \_\_\_\_\_ Send email when possible? \_\_\_\_\_

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, 2009**

Sessions for grades K-8 begin September 9th.

**Fee per child \$50.00**

**Total fees are due by October 5, 2009.**

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!!!**

