

St Joseph Church

Religious Ed. Registration

670 West Main Street, Plain City, OH 43064

Term: 2021/2022

FAMILY INFORMATION

Family Last Name: _____

Date: _____

Father's Name: _____

Father's Cell / Work: _____

Mother's Name: _____

Mother's Cell / Work: _____

Mother's Maiden: _____

Email Address: _____

Home Phone: _____

Emergency Contact: _____

Home Address: _____

Emergency Phone: _____

City, ST Postal: _____

Both Parents Catholic? Yes / No

Additional Students

STUDENT #1 INFORMATION

Child Name: _____

Catholic? Yes / No

Gender: Male Female

Sacrament Details

Check & Date All Below

Birth Date: _____

Baptism: _____

Grade: _____

Eucharist: _____

Session: _____

Reconciliation Prep: _____

Class: _____

Confirmation: _____

Special Needs (Medical, Learning Disabilities, Physical Disabilities, etc):

STUDENT #2 INFORMATION

Child Name: _____

Catholic? Yes / No

Gender: Male Female

Sacrament Details

Check & Date All Below

Birth Date: _____

Baptism: _____

Grade: _____

Eucharist: _____

Session: _____

Reconciliation Prep: _____

Class: _____

Confirmation: _____

Special Needs (Medical, Learning Disabilities, Physical Disabilities, etc):

STUDENT #3 INFORMATION

Child Name: _____

Catholic? Yes / No

Gender: Male Female

Sacrament Details

Check & Date All Below

Birth Date: _____

Baptism: _____

Grade: _____

Eucharist: _____

Session: _____

Reconciliation Prep: _____

Class: _____

Confirmation: _____

Special Needs (Medical, Learning Disabilities, Physical Disabilities, etc):

STUDENT #4 INFORMATION

Child Name: _____

Catholic? Yes / No

Gender: Male Female

Sacrament Details

Check & Date All Below

Birth Date: _____

Baptism: _____

Grade: _____

Eucharist: _____

Session: _____

Reconciliation Prep: _____

Class: _____

Confirmation: _____

Special Needs (Medical, Learning Disabilities, Physical Disabilities, etc):

STUDENT #5 INFORMATION

Child Name: _____

Catholic? Yes / No

Gender: Male Female

Sacrament Details

Check & Date All Below

Birth Date: _____

Baptism: _____

Grade: _____

Eucharist: _____

Session: _____

Reconciliation Prep: _____

Class: _____

Confirmation: _____

Special Needs (Medical, Learning Disabilities, Physical Disabilities, etc):

NOTE: If any of your children were baptized outside of this parish, and you have not already supplied us with a copy of each child's baptismal record, you will need to supply a copy for our files.

Tuition DUE: \$ _____

Tuition PAID: \$ _____

Signature: _____