

St. Joseph Church & Immaculate Heart of Mary
Religious Education Registration
PreK/K – 8

Student's Name _____ Male ____ Female ____ Date of Birth _____
(Last) (First)

Address _____ Phone _____
(Street) (City/Zip)

Father's Name _____ Phone _____ / _____
(Home) (Cell)

Marital Status _____ Religion _____ Father Living _____ / _____
(Yes) (No)

Mother's Name _____ Phone _____ / _____
(Include Maiden Name) (Home) (Cell)

Marital Status _____ Religion _____ Mother Living _____ / _____
(Yes) (No)

Student resides with: ____ Parents ____ Mother ____ Father ____ Other

To Whom Should Communication be mailed? _____ / _____
(Name) (Relationship to Student)

Address: _____ Phone _____ / _____
(Street) (City / Zip) (Home) (Work)

E-mail addresses: _____
(Newsletters, reminders, updates, and cancellations will be e-mailed immediately)

Age _____ Student's Present School of Attendance _____ Grade _____
As of Aug.1, 2024 2024-2025

Years of Religious Education Instruction _____ / _____
CCD Catholic School

Emergency contact, if parents cannot be reached: _____ Phone _____ / _____
(Home) (Work)

Name of Siblings in program: _____

Family is a registered member of St. Joseph Church ____ Yes ____ No Other: _____

Data	Church	City	State
Month/Day/Year			
Baptism: _____			
First Reconciliation: _____			
First Communion: _____			
Confirmation: _____			

If student was not baptized at St. Joseph Church, a copy of his/her Baptismal Certificate is required.

Signature _____ Date _____

Please describe any special needs or requests on the back of this registration form.

Number of children in CCD program: _____ CCD Fee: \$50.00 one child
\$75.00 two or more children

For Office Use:
Fee Paid: _____ Date: _____

Please fill out registration form in its entirety. Registration is not complete until all information is provided.
Mother's "Maiden Name" and "complete dates of sacraments" are required for your child's records.

CCD IS ON SUNDAY MORNINGS

9:30 A.M. -- 10:45 A.M.