

**ST. JOSEPH CHURCH
RELIGIOUS EDUCATION REGISTRATION FORM
2008-2009**

CHILD'S NAME _____

DATE OF BIRTH _____ GRADE IN SCHOOL _____

PARENTS'/GUARDIANS' NAMES _____

STREET ADDRESS _____

MAILING ADDRESS _____

PHONE # _____ CELL # _____

REGISTERED PARISHIONERS: ___ YES ___ NO

MASS PREFERENCE: ___ SAT 5:00PM ___ SUN 9:00 AM ___ SUN 11:00 AM

EMERGENCY CONTACT: NAME _____

PHONE # _____ RELATIONSHIP _____

SACRAMENTS RECEIVED:

___ BAPTISM

___ FIRST EUCHARIST

___ CONFIRMATION

I AM INTERESTED IN PARTICIPATING AS:

___ TEACHER ___ TEACHER'S ASSISTANT ___ SUBSTITUTE TEACHER

I HAVE ATTENDED A "CREATING & MAINTAINING A SAFE ENVIRONMENT"
(CMSE) CLASS: ___ YES ___ NO