St Joseph Church

Religious Ed. Registration

670 West Main Street, Plain City, OH 43064

Term: 2021/2022

INFORMATION	Į į			
ily Last Name:		Date:		
Father's Name:		Father's Cell / Work:		
Mother's Name:		Mother's Cell / Work:		
Mother's Maiden:				
Home Phone:		Emergency Contact:		
Home Address:		Emergency Phone:	Emergency Phone:	
City, ST Postal:		Both Parents Catholic? Ye	Both Parents Catholic? Yes / No	
al Students				
T #1 INFORMA	TION			
Child Name:		Catholic?	Yes / No	
Gender:	🗌 Male 🔲 Female	Sacrament Details	Check & Date All Below	
Birth Date:		Baptism:		
Grade:		Eucharist:		
		\square Reconciliation Prep:		
Session: Class:		Confirmation:		
Session: Class:	(Medical, Learning Disabilities, Phy	Confirmation:		
Session: Class: Special Needs	(Medical, Learning Disabilities, Phy	Confirmation:	Yes / No	
Session: Class: Special Needs If #2 INFORMA Child Name:	(Medical, Learning Disabilities, Phy TION	Confirmation:		
Session: Class: Special Needs T #2 INFORMA Child Name: Gender:	(Medical, Learning Disabilities, Phy TION	Catholic?	Yes / No	
Session: Class: Special Needs I #2 INFORMA Child Name: Gender: Birth Date: Grade:	(Medical, Learning Disabilities, Phy TION	Confirmation: vsical Disabilities, etc): Catholic? Catholic? Baptism: Eucharist:	Yes / No	
Session: Class: Special Needs I #2 INFORMA Child Name: Gender: Birth Date: Grade: Session:	(Medical, Learning Disabilities, Phy TION	Catholic? Catholic? Catholics Cathol	Yes / No Check & Date All Below	
Session: Class: Special Needs T #2 INFORMA Child Name: Gender: Birth Date: Grade: Session: Class:	(Medical, Learning Disabilities, Phy TION	Confirmation: vsical Disabilities, etc): Catholic? Sacrament Details Baptism: Eucharist: Reconciliation Prep: Confirmation:	Yes / No Check & Date All Below	
Session: Class: Special Needs T #2 INFORMA Child Name: Gender: Birth Date: Grade: Session: Class:	(Medical, Learning Disabilities, Phy TION	Confirmation: vsical Disabilities, etc): Catholic? Sacrament Details Baptism: Eucharist: Reconciliation Prep: Confirmation:	Yes / No Check & Date All Below	
Session: Class: Special Needs If #2 INFORMA Child Name: Gender: Birth Date: Grade: Session: Class: Special Needs	(Medical, Learning Disabilities, Phy TION Male Female (Medical, Learning Disabilities, Phy	Confirmation: vsical Disabilities, etc): Catholic? Sacrament Details Baptism: Eucharist: Reconciliation Prep: Confirmation:	Yes / No Check & Date All Below	
Session: Class: Special Needs T #2 INFORMA Child Name: Gender: Birth Date: Grade: Session: Class: Special Needs	(Medical, Learning Disabilities, Phy TION Male Female (Medical, Learning Disabilities, Phy TION	Confirmation: ysical Disabilities, etc): Catholic? Sacrament Details Baptism: Baptism: Baptism: Confirmation Prep: Sical Disabilities, etc):	Yes / No Check & Date All Below	
Session: Class: Special Needs If #2 INFORMA Child Name: Gender: Birth Date: Grade: Session: Class: Special Needs I #3 INFORMA Child Name:	(Medical, Learning Disabilities, Phy TION Male Female (Medical, Learning Disabilities, Phy TION	Catholic?	Yes / No Check & Date All Below	
Session: Class: Special Needs T #2 INFORMA Child Name: Gender: Birth Date: Grade: Session: Class: Special Needs T #3 INFORMA Child Name: Gender:	(Medical, Learning Disabilities, Phy TION Male Female (Medical, Learning Disabilities, Phy TION Male Female	Catholic?	Yes / No Check & Date All Below	
Session: Class: Special Needs F #2 INFORMA Child Name: Gender: Birth Date: Class: Special Needs F #3 INFORMA Child Name: Gender: Birth Date:	(Medical, Learning Disabilities, Phy TION Male Female (Medical, Learning Disabilities, Phy TION Male Female	Catholic? Catholic? Catholic? Catholisabilities, etc): Catholic?	Yes / No Check & Date All Below Yes / No Check & Date All Below	
Session: Class: Special Needs T #2 INFORMA Child Name: Gender: Birth Date: Crade: Session: Class: Special Needs T #3 INFORMA Child Name: Gender: Birth Date: Crade:	(Medical, Learning Disabilities, Phy TION Male Female (Medical, Learning Disabilities, Phy TION Male Female	Catholic? Catholic? Catholic? Catholic? Catholis Catholic? Catholis Catholic? Catholic	Yes / No Check & Date All Below Yes / No Check & Date All Below	
Session: Class: Special Needs I #2 INFORMA Child Name: Gender: Birth Date: Class: Special Needs I #3 INFORMA Child Name: Gender: Birth Date: Gender:	(Medical, Learning Disabilities, Phy TION Male Female (Medical, Learning Disabilities, Phy TION Male Female	Catholic? Catholic? Sacrament Details Confirmation: Catholic? Cath	Yes / No Check & Date All Below Yes / No Check & Date All Below	

Child Name:		Catholic?	Yes / No
Gender:	🗆 Male 🔲 Female	Sacrament Details	Check & Date All Below
Birth Date:		□ Baptism:	
Grade:		🗆 Eucharist:	
Special Needs	(Medical, Learning Disabilities, Physica	al Disabilities, etc):	
Γ #5 INFORMA	TION		
I #5 INFORMA Child Name:		Catholic?	Yes / No
Child Name:		Catholic? Sacrament Details	Yes / No Check & Date All Below
Child Name: Gender:	Male Female	Sacrament Details	
Child Name: Gender: Birth Date:		Sacrament Details	
Gender: Birth Date: Grade:	☐ Male ☐ Female	Sacrament Details	Check & Date All Below
Child Name: Gender: Birth Date: Grade: Session:	□ Male □ Female	Sacrament Details	Check & Date All Below
Child Name: Gender: Birth Date: Grade: Session: Class:	☐ Male ☐ Female	Sacrament Details Baptism: Eucharist: Reconciliation Prep: Confirmation:	Check & Date All Below
Child Name: Gender: Birth Date: Grade: Session: Class:	☐ Male ☐ Female	Sacrament Details Baptism: Eucharist: Reconciliation Prep: Confirmation:	Check & Date All Below

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Tuition DUE: \$	Tultion PAID:	\$ Signature: