

ST. JOSEPH UNIVERSITY PARISH
Tuesday and Family Sunday Registration for 2016-17

PLEASE FILL OUT COMPLETELY:

WHICH PROGRAM ARE YOU CHOOSING? TUESDAY or FAMILY SUNDAY

YOUR CHILD'S NAME _____

BIRTHDATE _____ SCHOOL GRADE _____

FATHER'S NAME _____
Last First

MOTHER'S NAME _____
Last First Maiden

PLEASE INDICATE HOW YOU WOULD LIKE MAIL ADDRESSED:

NAME _____

ADDRESS _____

CITY/TOWN _____ ZIP CODE _____

PHONE NUMBER(S) H _____

Mom Cell _____ Dad Cell _____

E-MAIL(S) _____
(To be used for Class information and reminders, will not be shared)

***IF YOUR CHILD WAS NOT BAPTIZED AT ST. JOSEPH UNIVERSITY PARISH A COPY OF THEIR BAPTISMAL CERTIFICATE IS REQUIRED AT REGISTRATION**

DATE OF BAPTISM _____ CHURCH OF BAPTISM _____

HAVE THEY MADE 1ST RECONCILIATION? YES NO (please circle only one)

HAVE THEY MADE 1ST EUCHARIST? YES NO (please circle only one)

HAVE THEY MADE CONFIRMATION? YES NO (please circle only one)

Do you have additional children?

YOUR CHILD'S NAME _____

BIRTHDATE _____ SCHOOL GRADE _____

YOUR CHILD'S NAME _____

BIRTHDATE _____ SCHOOL GRADE _____