

St Joseph Parish
Religious Education Registration
269 Dakota St. S, Prescott, WI 54021 (715) 262-3514

Family Last Name: _____ Date: _____
Father's Name: _____ Home Phone: _____
Mother's Name: _____ Mom/ Work/Cell: _____
Dad _____
Emergency Contact: _____
Mother's Maiden: _____
Custodial Parent, if different from above: _____
Current Email: _____
Home Address: _____
Both Parents Catholic? Y ___ N ___

Child _____ Birthdate _____ Sex _____ Grade _____ Session _____

Sacrament and Date: Baptism _____ Catholic? _____ Eucharist _____ Penance _____
Confirmation _____

Special Needs: medical, learning disabilities, physical disabilities: _____

Child _____ Birthdate _____ Sex _____ Grade _____ Session _____

Sacrament and Date: Baptism _____ Catholic? _____ Eucharist _____ Penance _____
Confirmation _____

Special Needs: medical, learning disabilities, physical disabilities: _____

Child _____ Birthdate _____ Sex _____ Grade _____ Session _____

Sacrament and Date: Baptism _____ Catholic? _____ Eucharist _____ Penance _____
Confirmation _____

Special Needs: medical, learning disabilities, physical disabilities: _____

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 Pd: \$ _____ Signature: _____