

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) _____

Mother's Maiden _____ Dad (Work/Cell) _____

Current Email _____ Emergency Contact _____

Emergency Phone _____

Custodial Parent, if different from above _____

Home Address _____

Both Parents Catholic? Y _____ N _____

Child Name _____ Birthdate _____ Sex _____

Grade _____ Session _____

Sacrament Dates: Baptism _____ Catholic? _____

Eucharist _____ Penance _____

Special Needs: Medical, Learning Disabilities, Physical Disabilities _____

Child Name _____ Birthdate _____ Sex _____

Grade _____ Session _____

Sacrament Dates: Baptism _____ Catholic? _____

Eucharist _____ Penance _____

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 Paid \$ _____

Signature _____