

St. Joseph Parish  
Religious Education Registration  
281 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 \_\_\_\_\_

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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 \_\_\_\_\_

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**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 \_\_\_\_\_