

St Joseph Parish
Religious Education Registration
 173 Albion St, Wakefield, MA 01880

Family Last Name: _____ Date: _____
 Father's Name: _____ Home Phone: _____
 Mother's Name: _____ Mom Cell Phone (SMS): _____
 Email: _____ Dad Cell Phone (SMS): _____
 Home Address: _____

Child	Birthdate	Sex	Grade	School

Sacrament and Date:	Baptism/Parish <input type="checkbox"/> _____	Eucharist <input type="checkbox"/> _____	Penance <input type="checkbox"/> _____	Confirmation <input type="checkbox"/> _____
Special Needs: _____				
Cell Phone (SMS Text): _____		Student Email: _____		

Child	Birthdate	Sex	Grade	School

Sacrament and Date:	Baptism/Parish <input type="checkbox"/> _____	Eucharist <input type="checkbox"/> _____	Penance <input type="checkbox"/> _____	Confirmation <input type="checkbox"/> _____
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Child	Birthdate	Sex	Grade	School

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Child	Birthdate	Sex	Grade	School

Sacrament and Date:	Baptism/Parish <input type="checkbox"/> _____	Eucharist <input type="checkbox"/> _____	Penance <input type="checkbox"/> _____	Confirmation <input type="checkbox"/> _____
Special Needs: _____				
Cell Phone (SMS Text): _____		Student Email: _____		

Photo Release: I understand that, as a participant of St. Joseph Parish Religious Education, my child(ren) may be photographed or videotaped during Religious Education activities. I understand that these may be used in parish presentations and promotional material. I release St. Joseph Parish from any and all liability.

___ Initial here if you do NOT want your child(ren) photographed or videotaped during Religious Education

NOTE: Calculate the Tuition due from the Registration Worksheet. Enter the amount due below, sign and submit with your payment. Thank you!

Due: \$ _____ Paid: \$ _____ Cash/Check No.: _____ **Parent /Guardian**
Signature: _____