

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

Last Name: _____

Date: _____

Father's Name: _____

Home Phone: _____

Mother's Name: _____

Mom's Cell Phone (SMS): _____

Dad's Email: _____

Dad's Cell Phone (SMS): _____

Mom's Email: _____

Primary Email: _____

Address: _____

Child	Birthdate	Sex	Grade	School

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

Child	Birthdate	Sex	Grade	School

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

Child	Birthdate	Sex	Grade	School

Sacrament and Date:	Baptism/Parish	Eucharist	Penance	Confirmation
	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<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: _____**