

St Joseph University
Religious Education Registration
 113 S Fifth St, Terre Haute, IN 47807

Family: _____

Date: _____
 Home Phone: _____
 Mom/Dad Work: M _____ D _____
 Emerg. Phone: _____
 Email: _____
 School: _____

M. Maiden: _____

Custodial Parent, if different from above _____

Rel Ed mailing to additional address? If so, stat _____

Both Parents Catholic? Y N _____

Child	Birthdate	Sex	Grade	Session	Sacr. Program?
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Sacrament and Date:	Baptism	<i>Catholic?</i>	Eucharist	Penance	Confirmation
	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____

Special Needs: medical, learning disabilities, physical disabilities:

Child	Birthdate	Sex	Grade	Session	Sacr. Program?
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	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____

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	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____

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Sacrament and Date:	Baptism	<i>Catholic?</i>	Eucharist	Penance	Confirmation
	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____

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: _____