St. Joseph Parish Religious Education Program
2017-2018 Registration
GRADES K THRU 10

Parents/Guardian, please fill out a separate form for each child you wish to register. This information must be updated annually for the placement of all students in a class for the current year.

select grade: **K 1 2 3 4 5 6 7 8 9 10**

Student Name: _____
(Full Formal) (Last) (First) (M. Initial)

Address:_____
(Full) (#Street-Apt. #) (City) (Zip Code)

Phone: Home_____**Cell**_____

E-Mail_____

Date of Birth:_____ **Age:**_____ **Grade** _____

Father's Name_____ **Religion**_____
(First/Last)

Mother's Name_____**Religion**_____
(First/Last) (Maiden)

SACRAMENTAL RECORDS

Certificate of Baptism

_____
(Date) (Church) (City/State)

Certificate of First Communion

_____
(Date) (Church) (City/State)

Please attach copies of above certificates to this form if he/she **was not baptized or did not receive Communion in this parish**. You may obtain these by contacting the parish at which he/she was baptized or received Communion.

PROGRAM FEES (Please make check payable to St. Joseph's Parish)

$45.00-1 Child/$55.00-2 Children/$65.00-3 or more children

How many students are you registering? _____ **Amount inclosed:**_____

Please return this form with applicable records and fee attached to: St. Joseph Rectory, ATTN: CCD, 264 Washington Street, Somerville, MA 02143.

If there is anything of a special nature that we should know about the student/s being registered, please note here.