

THIS COLUMN FOR OFFICE USE ONLY

# SAINT JOSEPH RELIGIOUS EDUCATION

DATE REC'D \_\_\_\_\_

DATE \_\_\_\_\_ SCHEDULED PAYMENT \_\_\_\_\_

Cash \_\_\_\_\_

Check No. \_\_\_\_\_

### PARENTAL INFORMATION

FATHER'S NAME \_\_\_\_\_  
MAILING LAST FIRST MIDDLE  
 ADDRESS \_\_\_\_\_

CATH?

CHILDREN RESIDE WITH  
 FATHER \_\_\_\_\_  
 MOTHER \_\_\_\_\_  
 OTHER \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_  
 HOME PHONE \_\_\_\_\_ OFFICE PHONE \_\_\_\_\_

EMERGENCY NOS. \_\_\_\_\_

CATH?

MOTHER'S NAME \_\_\_\_\_  
MAILING NAME MAIDEN MARRIED  
 ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_  
 HOME PHONE \_\_\_\_\_ OFFICE PHONE \_\_\_\_\_

**PARENTAL MARITAL STATUS**

CATHOLIC MARRIAGE \_\_\_\_\_

CIVIL MARRIAGE \_\_\_\_\_  
JUDGE/JUSTICE OF PEACE

SEPERATED  Divorced

Single  Widowed

Living together  Not Married

REGISTERED PARISHIONER OF ST. JOSEPH, RAYNE  YES  NO

IF TRANSFERRING FROM OTHER REL. ED. PROGRAM \_\_\_\_\_

NAME OF OTHER CHURCH PARISH \_\_\_\_\_

GIVE NAME OF CHURCH PARISH \_\_\_\_\_

STUDENT # \_\_\_\_\_

STUDENT # \_\_\_\_\_

STUDENT # \_\_\_\_\_

### CHILD #1

NAME \_\_\_\_\_  
SCHOOL LAST FIRST MIDDLE  
 ATTENDING \_\_\_\_\_

AGE	SEX M/F	CCD GRADE	SCHOOL GRADE

BIRTHDATE \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

PLEASE LIST SACRAMENTS ALREADY RECEIVED

BAPTISM DATE \_\_\_\_\_ CHURCH \_\_\_\_\_ CITY \_\_\_\_\_

EUCCHARIST DATE \_\_\_\_\_ CHURCH \_\_\_\_\_ CITY \_\_\_\_\_

### CHILD #2

NAME \_\_\_\_\_  
SCHOOL LAST FIRST MIDDLE  
 ATTENDING \_\_\_\_\_

AGE	SEX M/F	CCD GRADE	SCHOOL GRADE

BIRTHDATE \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

PLEASE LIST SACRAMENTS ALREADY RECEIVED

BAPTISM DATE \_\_\_\_\_ CHURCH \_\_\_\_\_ CITY \_\_\_\_\_

EUCCHARIST DATE \_\_\_\_\_ CHURCH \_\_\_\_\_ CITY \_\_\_\_\_

### CHILD #3

NAME \_\_\_\_\_  
SCHOOL LAST FIRST MIDDLE  
 ATTENDING \_\_\_\_\_

AGE	SEX M/F	CCD GRADE	SCHOOL GRADE

BIRTHDATE \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

PLEASE LIST SACRAMENTS ALREADY RECEIVED

BAPTISM DATE \_\_\_\_\_ CHURCH \_\_\_\_\_ CITY \_\_\_\_\_

EUCCHARIST DATE \_\_\_\_\_ CHURCH \_\_\_\_\_ CITY \_\_\_\_\_

DATE \_\_\_\_\_ AMT. PAID \_\_\_\_\_

FEES: One Child-\$25.00	\$	
Two Children-\$40.00	\$	
Three Children-\$55.00	\$	
Home School- <del>\$30.00</del> \$0.00	\$	
Late fee - \$5.00 (after Sept 1,)	\$	
TOTAL	\$	

COMMENTS: \_\_\_\_\_

PLEASE CHECK HERE \_\_\_\_\_ IF YOU CANNOT AFFORD TO PAY.