

**St. Joseph Religious Education
Registration Form 2008 - 2009**

Due by: June 2
Fee: \$50 per child or \$80 2 or more
children
Payable to: St. Joseph Church

Family Information

Mother's Name: _____ Home #: _____

Mailing Address: _____ Work #: _____

_____ Cell #: _____

Email: _____

Father's Name: _____ Home #: _____

Mailing Address: _____ Work #: _____

_____ Cell #: _____

Email: _____

Student Information 1

First Name: _____ Church of Baptism: _____

Last Name: _____ Baptismal Date: ___/___/___

Date of Birth: _____

Age: _____

Grade: _____

Student Information 2

First Name: _____

Church of Baptism: _____

Last Name: _____

Baptismal Date: ___/___/___

Date of Birth: _____

Age: _____

Grade: _____

Student Information 3

First Name: _____

Church of Baptism: _____

Last Name: _____

Baptismal Date: ___/___/___

Date of Birth: _____

Age: _____

Grade: _____

Student Information 4

First Name: _____

Church of Baptism: _____

Last Name: _____

Baptismal Date: ___/___/___

Date of Birth: _____

Age: _____

Grade: _____

Office Use

Check _____ Cash _____

Total Tuition _____

Less Scholarship _____

Less Received _____

Total Due: _____

St. Joseph Catholic Church
P.O. Box 37
Pewamo, Michigan 48873