

St. Joseph-Immaculate Conception Religious Education Office
P.O. Box 587, Millbrook, NY 12545
845-677-3273
stjosephmillccd@gmail.com

Religious Education Registration Form 2017-2018

Page One

Family Name (Last Name) _____

Responsible Parent or Legal Guardian _____

Mailing Address _____

City/Town/Village _____ State _____ Zip _____

Email address _____ Home phone _____

Father: Last name _____ First name _____ Religion _____

Work phone _____ Cell _____ Living? _____

Mother: Last name _____ First name _____ Maiden name _____

Work phone _____ Cell _____ Religion _____ Living? _____

If parents are _____ divorced or _____ live apart, please indicate whether student(s) live with

_____ father _____ mother _____ both _____ other

If "other" please explain briefly: _____

PERSON TO CONTACT IN CASE OF EMERGENCY (other than parents)

Name _____ Phone _____ Cell _____

Address _____

Relationship _____

Please complete page two with information for each student being registered in our religious education program.

Please also include the following:

_____ Baptismal certificate for each student (we will make copy if you have original)

_____ Copy of First Communion certificate if received in another parish

_____ Copy of permanent record card from another religious education program or from a

Catholic school previously attended.

Oldest student: Last name _____ First name _____ M / F
 Grade in school in Sept. 2017 _____ Baptized ? _____ Received First Communion? _____
 Date of birth _____ School/district _____
 New in program? _____ If new, previous religious education? _____
 Any special needs in classroom? _____
 Medical conditions, allergies, etc. _____
 Medications _____
 Comments: _____

Second student: Last name _____ First name _____ M / F
 Grade in school in Sept. 2017 _____ Baptized ? _____ Received First Communion? _____
 Date of birth _____ School/district _____
 New in program? _____ If new, previous religious education? _____
 Any special needs in classroom? _____
 Medical conditions, allergies, etc. _____
 Medications _____
 Comments: _____

Third student: Last name _____ First name _____ M / F
 Grade in school in Sept. 2017 _____ Baptized ? _____ Received First Communion? _____
 Date of birth _____ School/district _____
 New in program? _____ If new, previous religious education? _____
 Any special needs in classroom? _____
 Medical conditions, allergies, etc. _____
 Medications _____
 Comments: _____

PARENT SIGNATURE _____ **Date** _____

Paid by check ___ ck# _____ or cash ___ amount _____

