

**St. Joseph Catholic Church
2008-09 Religious Education Program (REP)
Registration Form**

Parents:	Father Mother Mother's Maiden Name
Address:	Street Address City State IN Zip
Phone:	Home Fax:
E-mail:	

Child(ren) reside with:	both parents	mother	father
Address of Parent not residing with child (if applicable):			
Street Address			
City	State IN	Zip	
Phone	Fax (if applicable)		
E-mail Address:			

I/We are registered parishioners at St. Joseph Catholic Church:	Yes	No
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During class time I/we will be at	Phone:
Emergency contact person if parent is unavailable:	
Phone Number:	

Student	Age
Place & Date of Birth	Fall Grade
M-F School or Daycare	Date/Baptism
Church/1 st Reconciliation	Church/Baptism
Date/1 st Communion	Church/City
Church/1 st Communion	Confirmation

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(PLEASE TURN OVER)

