

St. Joseph Parish
 1162 Lincoln Way Auburn, CA 95603 ❖ (530) 885-2956

2007-2008 RELIGIOUS EDUCATION FAMILY REGISTRATION

Family Last Name _____ Home Phone _____ Envelope# _____
 Address _____ City _____ Zip _____
 Mothers Name _____ Religion _____ Work Phone _____
 Fathers Name _____ Religion _____ Work Phone _____
 Parish Last Attended _____ City, State _____

Foresthill Families: Please indicate if your children will attend class in Foresthill Auburn

Child#1

First Name _____ Date of Birth _____ Age _____ Sex M F
 School Attending _____ Grade Entering _____

Please list any special needs this child may have & how we can help (e.g. ADD, physical restrictions, medications, allergies)

Previous Religious Education Completed (Circle Grades) PreK 1 2 3 4 5 6 7

Sacraments Received	Date	Parish	City	State
*Baptism				
Reconciliation				
1st Communion				
Confirmation				

***Please enclose a copy of this certificate**

Child#2

First Name _____ Date of Birth _____ Age _____ Sex M F
 School Attending _____ Grade Entering _____

Please list any special needs this child may have & how we can help (e.g. ADD, physical restrictions, medications, allergies)

Previous Religious Education Completed (Circle Grades) PreK 1 2 3 4 5 6 7

Sacraments Received	Date	Parish	City	State
*Baptism				
Reconciliation				
1st Communion				
Confirmation				

***Please enclose a copy of this certificate**

Family Last Name _____

Child#3

First Name _____ Date of Birth _____ Age _____ Sex M F

School Attending _____ Grade Entering _____

Please list any special needs this child may have & how we can help (e.g. ADD, physical restrictions, medications, allergies)

Previous Religious Education Completed (Circle Grades) PreK 1 2 3 4 5 6 7

Sacraments Received	Date	Parish	City	State
*Baptism				
Reconciliation				
1st Communion				
Confirmation				

**Please enclose a copy of this certificate*

Child#4

First Name _____ Date of Birth _____ Age _____ Sex M F

School Attending _____ Grade Entering _____

Please list any special needs this child may have & how we can help (e.g. ADD, physical restrictions, medications, allergies)

Previous Religious Education Completed (Circle Grades) PreK 1 2 3 4 5 6 7

Sacraments Received	Date	Parish	City	State
*Baptism				
Reconciliation				
1st Communion				
Confirmation				

**Please enclose a copy of this certificate*

Registration Fee: \$30.00 per child

- Our family fee has been waived. I have agreed to teach, co-teach or be a teacher's assistant for the _____ grade.
- I have enclosed an additional \$ _____ as a donation to the Religious Education Program.

Thank you for your generosity! Without the wealth of time, treasure and talent that is given by so many, a successful Religious Education program would not be possible.

Religious Education Office will complete this section:

Date Received: _____ Amount: _____ Check# _____ Cash: _____