

Cathedral of St. Joseph Parish School of Religion Registration Form, 2022-2023

Parent Name: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Child Name: \_\_\_\_\_

Child's Grade: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Sacraments received (where) \_\_\_\_\_

Reconciliation date \_\_\_\_\_ Eucharist date \_\_\_\_\_

Signature: \_\_\_\_\_