

St. Joseph Church Religious Education Registration

Family Name _____ Address _____

City _____ State: TX Zip _____ Year: 2009-10

Circle preferred Session:

A. Sunday

(8:45 - 9:45 am Pre-K -8th)
All at Elementary Campus

B. Sunday Night

Middle School KEYSIS
(grades 6th – 8th)

C. Wednesday

(6:00 - 7:00 p.m. @ Elementary Pre-K -6th)
(5:45 - 6:45 pm @ Middle School 7th -8th)

Please type or print clearly

Father's Name _____ Religion _____

(Address if different) _____ Zip _____

Mother's Name _____ Religion _____

(Address if different) _____ Zip _____

Name of Parish you are a Member of: _____

Oldest to Youngest (Pencil in Grade for the fall 2009-2010 school year and check sacraments received.)

Child's Name	Birthday	Grade	Preferred Session A, B, C	Baptism	Reconciliation	First Communion	Comments

(For more than five children, use another family card-we'll staple it)

Home Phone: _____ Father's Office _____ Mother's _____

E-mail Address _____

Areas of Parental Involvement: Catechist _____ Teachers Aide _____

Office Help _____ Other (specify) _____

Registration fee

Parishioner rate \$15.00 per. child. up to 4 children

Non-Parishioner rate \$20.00 per. child up to 4 children

Return completed form & fee in envelope marked

ATTN. Religious Education Office to:

- 1) Church office
- 2) Sunday collection basket, or
- 3) Mail to St. Joseph Church, 600 E. 26th street, Bryan, TX 77803