PRE-K THRU 8TH GRADE REGISTRATION 24/25 Parish where you are registered at: St. Joseph St. Therese Other Children's Information *** Please make sure to mark Sacraments received DOB Grade 1st Year or 2nd Year (1st Communion) Where Sacraments Received: Baptism ____ 1st Communion Reconciliation Allergies: Childs name: DOB Grade 1st Year or 2nd Year (1st Communion) Where Sacraments Received: Baptism 1st Communion Reconciliation Allergies: Childs name: ______ DOB ____ Grade 1st Year or 2nd Year (1st Communion) Where Sacraments Received: Baptism 1st Communion Reconciliation Allergies: Family Information (Address, City, Zip Code of the person who receives the mail) Mother/Guardian: Father/Guardian: Address: Phone Number: Mother_____ Father Email address: Emergency Contact: _____ Phone #____ Phone # **Emergency Contact:** I give permission to St. Joseph Parish to use pictures on their website for informational or promotional purposes Yes No . REGISTRATION FEE: \$40.00 1 CHILD / \$60.00 2 CHILDREN / \$85.00 for 3 or more

Registration forms must be turned in to the office. Please make the checks payable to:

St. Joseph Parish. If you have any questions call Josie Marrufo at 719-544-1886.

Children's Information *** Please make sure to mark Sacraments received				
Childs name:	TO A TONE ROY PRINTED		DOB	_Grade
1st Year_ or 2	nd Year (1st Commun	ion) Where		COPPOSE OF STREET
Sacraments Received: Baptism 1st Communion _ Allergies:				
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Childs name:			DOB	_ Grade
1st Year or 2	and Year (1st Communi	ion) Where		
Sacraments Reco	eived: Baptism 1st	Communion	Reconciliation	
Date Paid	Amount Paid \$	Receipt #_	Cash _	_Card CK#
Date Paid	Amount Paid \$	Receipt #	Cash _	Card CK#
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