

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

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:

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 # _____

Emergency Contact: _____ Phone # _____

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: _____ **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:

Date Paid _____ **Amount Paid \$** _____ **Receipt #** _____ **Cash** __ **Card** __ **CK#** _____

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