

**Religious Education Registration 2020-2021**  
**St Joseph Church, 2607 Lumpkin Rd. Augusta, GA 30906 Tel. 706-798-1920**

**Please Print Clearly**

**Family Last Name:** \_\_\_\_\_ **Home Phone** \_\_\_\_\_

**Father's First Name:** \_\_\_\_\_ **Religion** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Mother's First Name:** \_\_\_\_\_ **Religion** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Address:** \_\_\_\_\_  
City State Zip

**Emails:** \_\_\_\_\_

**Emergency Contact Person** \_\_\_\_\_ **Phone** \_\_\_\_\_

Is your family **registered** with St. Joseph Church? Yes or No  
 Does your family **attend** Mass? Weekly \_\_\_ Sometimes \_\_\_

<b>Please list ALL children to be registered in Religious Education Program:</b>							
<b>Last Name, First Name</b> PLEASE PRINT	<b>M/F</b>	<b>Date of Birth</b>	<b>School Grade 20-21</b>	<b>Baptized ?</b>	<b>Reconciliation ?</b>	<b>Holy Communion ?</b>	<b>OFFICE USE ONLY</b>
				Y / N	Y / N	Y / N	
				Y / N	Y / N	Y / N	
				Y / N	Y / N	Y / N	
				Y / N	Y / N	Y / N	
				Y / N	Y / N	Y / N	

- **Baptism Certificate must be provided for children in First Communion and Confirmation Classes**
- **PLEASE NOTE: Sacramental Preparation requires two (2) consecutive years of Religious Education**

**Returning Students Last Year of Attendance: Year 20** \_\_\_\_\_

**New Students: Has your child had previous religious instruction? Yes / No**

**Where** \_\_\_\_\_  
Parish Name City State

**Child's Medical Concerns or any learning disability?** \_\_\_\_\_

Are you willing to **volunteer** as a Teacher or Helper? Name: \_\_\_\_\_

**Tuition Fees: One Child: \$30; Two Children: \$60; Three Children: \$85; Four or more \$100**