

RELIGIOUS EDUCATION REGISTRATION FORM

St. Joseph's Church
48 Middlesex Ave, Chester CT 06412
Phone: (860) 526-5495 Email: stjosephchester@gmail.com

Student's Name: _____
First Middle Last

Calendar Year: _____

Date of Birth: _____ Location of Birth: _____

Grade Entering: _____

Father's Name: _____
First Middle Last

Mother's Name: _____
First Maiden Last

Address: _____
Address City State Zip code

Email Address: _____

Phone: _____ () _____ ()
Home Cell

Parish: _____

Date of Baptism: _____ Location of Baptism: _____

God Parents: 1. _____ 2. _____

Date of First communion: (if any) _____

For confirmation Students: (please list your saint's name and sponsor's names)

Saint's Name: _____

Sponsors: 1. _____ 2. _____

(Yearly fee is \$ 30 per child and \$ 80 if more than 3 children)

Please make checks payable to **St. Joseph's Church.**

Address: St. Joseph's Church
C/O Joyce Leach
48 Middlesex Ave.
Chester, CT 06412

Theresa Scali