

Check your parish: **St. Joseph the Worker** **Holy Family Catholic Church**

Religious Education Form 2016-2017

Parish office: 423 West 7th St., Mankato, MN 56001 (507) 625-3450

Student's Last Name: _____ Parent's Last Name (if different than Students) _____

Mailing Address: _____ City: _____ State: MN Zip Code: _____

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

E-mail address: _____ Best way to contact: Call Email Text Message Other _____

<u>PARENTS:</u>	(Father)	(Mother)	
Name:	_____	Name: _____	
Address: _____ (If different than above)	City _____	Address: _____ (If different than above)	City _____
Religion: _____		Religion: _____	
Occupation: _____		Occupation: _____	

Child(ren) lives with: Both Parents Mother Father and a step parent

I grant permission for photos or video of the minor(s) listed on back to be used for public display as the church deems fit (bulletin, website, newsletter or other means. Yes No

I would like to be involved in my child's education by volunteering for/as:

- Simple Supper Bake for Simple Supper Drive for Field Trips
 Christmas Pageant Volunteer

The tuition fee is waived for those who volunteer for one of the following positions -

- Catechist (teacher) Assistant Catechist (assistant teacher)
 Core Team for Edge (5th & 6th or 7th & 8th grade)

Office Use:

Tuition Fee: _____ x \$45.00 per student

Family (3 or more): \$125.00

Sacramental Prep (2nd, 9th, 10th): _____ x \$15.00

Amt. Paid: _____

By: Pay Pal ___ Cash ___ Check ___ Volunteer ___

FULL NAME OF STUDENT: _____

Grade _____ (2016-2017)

School attending: _____

(If your child has any physical or educational needs, please let us know so that we can provide the best possible service for Him/Her): _____

Date of BIRTH _____ City: _____ State: _____

Gender: Male Female

Name of the Church where baptized: _____

City: _____ State: _____

Check the sacraments your child has received:

Baptism ___ Reconciliation ___ Eucharist ___ Confirmation ___

FULL NAME OF STUDENT: _____

Grade _____ (2016-2017)

School attending: _____

(If your child has any physical or educational needs, please let us know so that we can provide the best possible service for Him/Her): _____

Date of BIRTH _____ City: _____ State: _____

Gender: Male Female

Name of the Church where baptized: _____

City: _____ State: _____

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FULL NAME OF STUDENT: _____

Grade _____ (2016-2017)

School attending: _____

(If your child has any physical or educational needs, please let us know so that we can provide the best possible service for Him/Her): _____

Date of BIRTH _____ City: _____ State: _____

Gender: Male Female

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Baptism ___ Reconciliation ___ Eucharist ___ Confirmation ___

FULL NAME OF STUDENT: _____

Grade _____ (2016-2017)

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