

ST. JOSEPH'S CATHOLIC CHURCH

ASHEBORO NC

K-5 Faith Formation (ENGLISH) 10:15 am – 11:15 am (Sunday)

Is your family registered at St. Joseph's church? YES / NO

FAMILY NAME: _____

FATHER'S NAME: _____ MOTHER'S NAME: _____

ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

EMERGENCY CONTACT NAME AND PHONE NUMBER: _____

EMAIL ADDRESS: _____

Full Name of child			
Place and date of birth			
Baptism info	Date: City:	Church: State:	
Baptism Certificate	Yes / No		
Has your child made 1 st communion? If yes date and place	Yes / No	Date:	Place:
Grade entering school			

What Class of Faith Formation? _____

Please note if your child has any health issues or allergies.

Do you want your child to participate in the PROTECTING GOD'S CHILDREN TOUCHING SAFETY CLASSES Yes _____ No _____

Parent's Signature: _____ Date: _____

For office Use Only:

Paid: Yes / No	Date Paid:	Received by:	Cash / Check
Amount:			