

**St Joseph (Galloway)**  
**Religious Education Registration**  
 8846 CTH C, Wittenberg, WI 54499

Family Last Name: \_\_\_\_\_

Date: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mom/Dad Work/Cell: \_\_\_\_\_

Mother's Maiden: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Custodial Parent, if different from above: \_\_\_\_\_

Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

Both Parents Catholic? Y \_\_\_ N \_\_\_

Child	Birthdate	Sex	Grade	Session	Room	Class
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Sacrament and Date:    Baptism    Catholic?    Eucharist    Penance    Confirmation

\_\_\_\_\_  \_\_\_\_\_     \_\_\_\_\_  \_\_\_\_\_     \_\_\_\_\_  \_\_\_\_\_

Special Needs: medical, learning disabilities, physical disabilities: \_\_\_\_\_

Child	Birthdate	Sex	Grade	Session	Room	Class
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Sacrament and Date:    Baptism    Catholic?    Eucharist    Penance    Confirmation

\_\_\_\_\_  \_\_\_\_\_     \_\_\_\_\_  \_\_\_\_\_     \_\_\_\_\_  \_\_\_\_\_

Special Needs: medical, learning disabilities, physical disabilities: \_\_\_\_\_

Child	Birthdate	Sex	Grade	Session	Room	Class
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Sacrament and Date:    Baptism    Catholic?    Eucharist    Penance    Confirmation

\_\_\_\_\_  \_\_\_\_\_     \_\_\_\_\_  \_\_\_\_\_     \_\_\_\_\_  \_\_\_\_\_

Special Needs: medical, learning disabilities, physical disabilities: \_\_\_\_\_

Child	Birthdate	Sex	Grade	Session	Room	Class
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Sacrament and Date:    Baptism    Catholic?    Eucharist    Penance    Confirmation

\_\_\_\_\_  \_\_\_\_\_     \_\_\_\_\_  \_\_\_\_\_     \_\_\_\_\_  \_\_\_\_\_

Special Needs: medical, learning disabilities, physical disabilities: \_\_\_\_\_

NOTE: If any of your children were baptized outside of this parish, and you have not already supplied us with a copy of each child's baptismal record, you will need to supply a copy for our files.

Tuition due: \$ \_\_\_\_\_ Tuition Pd: \$ \_\_\_\_\_ Signature: \_\_\_\_\_