

## REGISTRATION FOR 2009-2010 SUNDAY SCHOOL

CHILD'S NAME \_\_\_\_\_

AGE \_\_\_\_\_ DOB \_\_\_\_\_ GRADE \_\_\_\_\_ DATE \_\_\_\_\_

### SACRAMENTS RECEIVED

CATHOLIC BAPTISM: YES \_\_\_ NO \_\_\_ Date \_\_\_\_\_ Parish \_\_\_\_\_

EUCCHARIST: YES \_\_\_ NO \_\_\_ Date \_\_\_\_\_ Parish \_\_\_\_\_

CONFIRMATION YES \_\_\_ NO \_\_\_ Date \_\_\_\_\_ Parish \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_

CURRENT ADDRESS \_\_\_\_\_

*Email Address* \_\_\_\_\_

CURRENT PHONE \_\_\_\_\_  
HOME WORK

Are there any problems or disabilities that we need to be aware of?

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

*In case of emergency, please notify:*

1<sup>st</sup> Choice \_\_\_\_\_ Phone:

2<sup>nd</sup> Choice \_\_\_\_\_ Phone:

**Parent's Promise: Every Sunday child will attend Sunday school and Mass.  
Sunday school hours: 9:30-10:45 am. Mass 11 am.**

***Have any questions please contact Gail Rothschild at 436-6461 Ext. 17  
Email: [rothschildg@stjoseph.ptdiocese.org](mailto:rothschildg@stjoseph.ptdiocese.org)***

