

**St Joseph Parish**  
**Religious Education Registration**  
 3430 Dover St, Dexter, MI 48130 (734) 426-2674

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

Family Name and Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

**MUST PROVIDE!!**

>>> Phone # for School Reach Info: \_\_\_\_\_

Emerg. Phone: \_\_\_\_\_

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

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

Rel Ed mailing to additional address? If so, state: \_\_\_\_\_

Both Parents Catholic? Y N

<b>Child</b>	<b>Birthdate</b>	<b>Sex</b>	<b>Grade</b>	<b>Session</b>	<b>Room</b>	<b>Sacr. Program?</b>
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Sacrament and Date: Baptism *Catholic?* Eucharist Penance Confirmation

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

Special Needs: medical, learning disabilities, physical disabilities: .....

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Sacrament and Date: Baptism *Catholic?* Eucharist Penance Confirmation

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Special Needs: medical, learning disabilities, physical disabilities: .....

**Tuition: 1 child = \$75 2 children = \$115 3 or more children = \$150**

It is our policy to provide Religious Education to all children in the parish regardless of a family's financial circumstances. If you are unable to pay tuition please contact Marinell High or Don Dalgleish at the Rel. Ed. office, 426-2674, to make other arrangements.

Tuition due: \$ \_\_\_\_\_ Tuition Pd: \$ \_\_\_\_\_ Health Form Rec'd. \_\_\_\_\_

Check # \_\_\_\_\_ Date \_\_\_\_\_ Visa  MasterCard

Credit Card # \_\_\_\_\_ Amount to Charge: \$ \_\_\_\_\_

Expiration Date \_\_\_\_\_ CC Processing Fee: \$ 5.00

3-digit security code on back of card \_\_\_\_\_ Total Charge: \$ \_\_\_\_\_

Signature of Cardholder \_\_\_\_\_