ST. JOSEPH'S CATHOLIC CHURCH
ASHEBORO NC

K-5 Faith Formation (ENGLISH)

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

FATHER'S NAME: _____

MOTHER'S NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

CONTACT INFORMATION: _____

EMERGENCY CONTACT: NAME / PHONE NUMBER:

_____

CHILD'S FULL NAME: _____

PLACE & DATE OF BIRTH: _____

BAPTISM: _____ _____
DATE PARISH NAME/ CITY & STATE

GRADE: _____ FAITH FORMATION YEAR: _____ AGE: _____

Health issues or allergies that we need to be aware of.

_____

Do you allow your child's participation in the *PROTECTING GOD'S CHILDREN* safety classes? (Yes____ No___)

Parent's Signature: _____ Date: _____

For office use only: Date paid:	Received By:	Amount: