

*Cathedral of Saint Joseph*

140 Farmington Avenue, Hartford, CT 06105

Phone: 860-289-8431

2019-2020 Religious Education Program Registration

Family Name: \_\_\_\_\_  
*(as registered with Parish)*

Home address: \_\_\_\_\_  
*(street, town, state, zip)*

Home Phone: \_\_\_\_\_ Family e-mail: \_\_\_\_\_

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

Cell Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Children Live with: \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Both \_\_\_\_\_ Other (please list below)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
*(name) (phone) (Relationship)*

Child Name:	Age:	Birth Date:	Baptized	First Communion	Grade Level
_____	_____	_____	Yes / No	Yes / No	
_____	_____	_____	Yes / No	Yes / No	
_____	_____	_____	Yes / No	Yes / No	
_____	_____	_____	Yes / No	Yes / No	
_____	_____	_____	Yes / No	Yes / No	

*\*THIS CONFIDENTIAL INFORMATION WILL BE LIMITED TO:  
RELIGIOUS EDUCATION ADMINISTRATORS, TEACHERS, AND CLASSROOM ASSISTANTS.\**