

ST. JOSEPH CATHOLIC CHURCH
ARCHDIOCESE OF GALVESTON-HOUSTON
CATECHETICAL LIFELONG FAITH FORMATION
1907 CAROLINA STREET
BAYTOWN, TEXAS 77520

REGISTRATION FOR THE 20 _____ -- 20 _____

FEE _____ PAID _____ BALANCE _____ DATE _____

PARENT (S) OR GUARDIAN (S) _____ WORK TELEPHONE _____
HOME TELEPHONE _____

MR. _____ RELIGION _____

MRS. _____ RELIGION _____

MS. _____ RELIGION _____

ADDRESS _____ CITY _____ ZIP _____

EMERGENCY # _____ NAME _____

CHILD'S FULL NAME _____ GRADE _____

BIRTHDATE _____ SCHOOL ATTENDING _____

Sacrament(s) received:

BAPTISM _____ CONFESSION _____ FIRST COMMUNION _____ CONFIRMATION _____

Sacrament (s) needed:

BAPTISM _____ CONFESSION _____ FIRST COMMUNION _____ CONFIRMATION _____

NOTE: RCIA FOR CHILDREN _____

YEARS OF RELIGIOUS EDUCATION _____

PLEASE NOTE: SPECIAL NEEDS OR HANDICAPS (PHYSICAL, EMOTIONAL, LEARNING, ETC.)
YES _____ NO _____ PLEASE EXPLAIN _____

NAME OF CHURCH _____

THE MOST ATTEND MASS _____ 4:30 P.M. VIGIL _____
8:30 A.M. _____ 11:00 A.M. _____ OTHER (EXPLAIN) _____

PLEASE INDICATE IF YOU ARE INTERESTED IN VOLUNTEERING AS A CATECHIST (TEACHER OR
RELIGION) AIDE _____ HELPER _____ OFFICE HELP _____ SUBSTITUTE _____
GROUNDS AND BUILDING MONITOR (SECURITY) _____