

St. Joseph Parish, Coatesville
Parish Religious Education Program Registration

Date of Registration _____

Day of Class Requested (Please Circle)

Sunday (Level 1)

Tuesday

(Levels 2 - 5)

Thursday (Level 6)

Full Name of Student _____

Address _____

Home Telephone _____ Email _____

Mother's Cell Phone _____ Father's Cell Phone _____

Emergency Contact Number _____

Father/Guardian Name _____

Is Father/Guardian a Roman Catholic Yes No

Mother/Guardian Name _____

Is Mother/Guardian a Roman Catholic Yes No

Date of Student's Birth _____

Place of Student's Birth _____

Was the Student baptized? Yes No

Church of baptism _____

In what town/city _____

Date of Baptism _____

*If you were not baptized in our Parish Church,
please give us a copy of the baptismal certificate.

Did the Student Receive his/her First Penance and First Communion?

First Penance Yes No First Communion Yes No

Church _____ Church _____

Did the Student receive the Sacrament of Confirmation?

Yes No Church _____

Student's Grade in School _____ Name of School _____

(over)

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How many years of PREP/CCD has the student completed? _____

If the student attended PREP/CCD at another Parish or Parishes, please provide the name of the parish and the grades/levels they completed.

PREP/CCD Attended in other parishes

Are there any special instructions, concerns or needs of the student, about which our catechists, staff, and priests should be made aware?

Who may pick up your child at the end of each PREP class? _____

Name of Person who provided the information

What is his/her relationship to this student?
