



St. Joseph Apache Mission
Catechism Registration



Date _____

Age _____

Name of Student _____

Date of Birth _____ Grade in School _____

Check sacraments already received:

*Baptism _____ Reconciliation _____ Eucharist _____ Confirmation _____

*Baptized at St. Joseph Apache Mission? _____ (Attach copy of Baptismal Certificate)

*If other Church of Baptismal please list Church name/address/city/state/zip:

Was your child in Catechism last year?(YES)(NO) What Catechism class? _____

Fathers Name _____

Mother's Birth Name _____

Registered in Parish? (YES) (NO)

Mailing Address (Box/Street) _____

City _____ Zip _____

Phone: Cell _____ Home _____ Work _____ Email: _____

Emergency Contact _____ Phone # _____

_____ Phone # _____

Allergies: _____

Registration fee \$10.00 Per Child **Please have the Registration fee paid before June 4th**

Paid _____ Received by _____ Receipt # _____

Parents' Signature _____

Volunteering		
I, _____, would like to help in a class as a		
Catechist	Aide	Substitute