

800 W. Stanton St. Roseburg, OR 97471 541-673-5157 sjfx-church.org Sacramental Preparation Registration Form First Reconciliation and First Eucharist Sunday 1:00 pm to 4:00 pm

Student Information

Family Name				
Child's Last Name	First		Middle	
Child's Date of Birth/	/	_ Age	Grade	e
Child's Place of Birth City	_	State		
Name of Parish				
Baptism Information				
Name of Church	Date of Bap	tism		Year
Church Address	City / State		Zip	
Name of Parents				
Father Last Name	First		Middle	
Religion				
Mother Maiden Name	First		Middle	
Religion				
Address	City		State	_Zip
Telephone Number	E-Mail Add	ress		
If living with a Legal Guardian (other	than their father or i	nother)		
Names of legal Guardian				
Address of legal Guardian				
Telephone Number				_
Please attach a copy of your child's Bachild's baptism must be provided to the complete. Cost per child \$60.00 For Books and \$50.00 per child Total \$60.00 Due at Reservice Please make checks payable to: St. Jos with your completed application. If you Office 541-673-5157. Payment For office use only. Copy of Baptism Paid Yes	Religious Education Supplies Reconciliate egistration. Seph Church Religionare unable to pay in	Office by re ion \$30.00 pour us Education full at time of	gistration to be child / Holy Kindly include fregistration,	Eucharist de payment contact Parish
given Amount	_ No Payment C Date /	asn C /	Balance Due	_ Keceipt
given Amount Initials Tuition Assistance _		′ 		