



ST. JUDE R.C. CHURCH

– Working together to proclaim the Lord, Jesus in our midst–
40 Maxim Dr., Hopatcong, New Jersey 07843 • Tel: 973.398.7773 • Fax: 973.398.0121
Email: office@stjudehopatcong.org • www.stjudehopatcong.org • www.facebook.com/stjudehopatcong

RELIGIOUS EDUCATION REGISTRATION FORM

Family Information: _____

Last Name

Father's 1st Name

Mother's Maiden Name

Mother's 1st Name

Address: _____

Phone Nbr. _____

home

work

cell

email: _____

Religion: _____

Husband

Wife

Number of Children registering: _____

Student #1: _____

Last

First

Age: _____ **Birth Date:** _____

School Attending in Sept: _____ **Grade:** _____

Baptism: _____

Date

Place

Reconciliation: _____

Date

Place

1st Communion: _____

Date

Place



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Student #2: _____
Last *First*

Age: _____ **Birth Date:** _____

School Attending in Sept: _____ **Grade:** _____

Baptism: _____
Date *Place*

Reconciliation: _____
Date *Place*

1st Communion: _____
Date *Place*

Student #3: _____
Last *First*

Age: _____ **Birth Date:** _____

School Attending in Sept: _____ **Grade:** _____

Baptism: _____
Date *Place*

Reconciliation: _____
Date *Place*

1st Communion: _____
Date *Place*

Please return no later than September 1st. The fee for this year is \$150.00 for the family. We must have a partial fee of \$75.00 along with registration form. The second installment should be in no later than January 15th.