

# ST. JUDE R.C. CHURCH

– Working together to proclaim the Lord, Jesus in our midst–  
40 Maxim Dr., Hopatcong, New Jersey 07843 • Tel: 973.398.6377 • 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 1<sup>st</sup> Name*

\_\_\_\_\_  
*Mother's Maiden Name*

*Mother's 1<sup>st</sup> 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:** \_\_\_\_\_

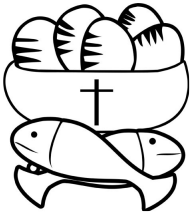
*Date*

*Place*

**1<sup>st</sup> 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*

**1<sup>st</sup> Communion:** \_\_\_\_\_  
*Date* *Place*

**Student #3:** \_\_\_\_\_  
*Last* *First*

**Age:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

**School Attending in Sept:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Baptism:** \_\_\_\_\_  
*Date* *Place*

**Reconciliation:** \_\_\_\_\_  
*Date* *Place*

**1<sup>st</sup> Communion:** \_\_\_\_\_  
*Date* *Place*

**Please return no later than August 1st. The fee for this year is \$150.00 for the family.  
Fee increases to \$175 after August 1st**