

Please Print

St Joseph Parish
Family Faith Formation - Participation Form
270 Main St/Rte 106, Kingston, MA 02364 (781) 585-6372

Family Last Name: _____ Date: _____

EMAIL - REQUIRED: _____ Confirm E-mail _____

Home Address: _____

Home Phone: _____

Emergency Contact: _____ Phone: _____



Member 1 (Father/Mother) First-Middle _____ Date of Birth _____ M/F _____

Sacrament and Date: Baptism *Catholic?* Eucharist Penance Confirmation
 _____ _____ _____ _____ _____

Special Needs: medical, learning disabilities, physical disabilities: _____

Member 2 (Father/Mother) First-Middle _____ Date of Birth _____ M/F _____

Sacrament and Date: Baptism *Catholic?* Eucharist Penance Confirmation
 _____ _____ _____ _____ _____

Special Needs: medical, learning disabilities, physical disabilities: _____

Member 3 (Son/Daughter) First-Middle _____ Date of Birth _____ M/F _____

Sacrament and Date: Baptism *Catholic?* Eucharist Penance Confirmation
 _____ _____ _____ _____ _____

Special Needs: medical, learning disabilities, physical disabilities: _____

NOTE: If any of your children were baptized outside of this parish, and you have not already supplied us with a copy of each child's baptismal record, you will need to supply a copy for our files.

Fee Due: \$175.00 per family Fee Paid: \$ _____ Signature: _____

**** Payment due at time of Participation Sign-up ****

Member 4 (Son/Daughter) First-Middle

Date of Birth

M/F

Sacrament and Date: Baptism *Catholic?* Eucharist Penance Confirmation

_____ _____ _____ _____ _____

Special Needs: medical, learning disabilities, physical disabilities: _____

Member 5 (Son/Daughter) First-Middle

Date of Birth

M/F

Sacrament and Date: Baptism *Catholic?* Eucharist Penance Confirmation

_____ _____ _____ _____ _____

Special Needs: medical, learning disabilities, physical disabilities: _____

Member 6 (Son/Daughter) First-Middle

Date of Birth

M/F

Sacrament and Date: Baptism *Catholic?* Eucharist Penance Confirmation

_____ _____ _____ _____ _____

Special Needs: medical, learning disabilities, physical disabilities: _____

Member 7 (Son/Daughter) First-Middle

Date of Birth

M/F

Sacrament and Date: Baptism *Catholic?* Eucharist Penance Confirmation

_____ _____ _____ _____ _____

Special Needs: medical, learning disabilities, physical disabilities: _____
