

St. Joseph Church  
**Religious Education & Faith Formation**



335 Center St. Bristol, Connecticut 06010 • [www.stjosephbristol.org](http://www.stjosephbristol.org)  
860-582-2888 • [religiouseducation@stjosephbristol.org](mailto:religiouseducation@stjosephbristol.org) • Fax: 860-589-5374

**Welcome to the St. Joseph Religious Education Program 2023-2024** Rel. Ed. Grade \_\_\_\_  
(Note that Sunday Mass attendance is highly encouraged)

Mass Times: Saturday Vigil 4pm and Sunday 8am, 10am, 12pm (Spanish)

**Please choose ONE class session for your child:**

Note: Confirmation Classes are only offered on Sundays

**Wednesdays 5:30pm** \_\_\_\_\_

**Sundays 8:30am** \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Initial: \_\_ Last Name: \_\_\_\_\_ Male\_\_ Female\_\_

**CONTACT INFORMATION**

*(Please be advised that we'll use this information to reach out to you with important program updates, so it is imperative that you provide us with a working e-mail and phone number)*

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Best Phone Number \_\_\_\_\_

*(If there's a change in phone number at any time, please notify us immediately – Make sure to pick up any calls coming from 860-582-2888, which is our Religious Education phone number)*

E-mail address: \_\_\_\_\_

*(Please check e-mail regularly for updates and important info)*

**FAMILY INFORMATION**

Mother's Name: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell Number: \_\_\_\_\_

**SACRAMENTAL INFORMATION**

*(Please note you must bring in your baptismal certificate. If your child needs baptism, please notify the Religious Education Program Director, Mrs. Kimberlee Donahue)*

Date and Place of Birth: \_\_\_\_\_

Date and Place of Baptism: \_\_\_\_\_

Date and Place of First Reconciliation: \_\_\_\_\_

Date and Place of First Communion: \_\_\_\_\_

Date and Place of Confirmation: \_\_\_\_\_

**EMERGENCY CONTACTS** *(Please provide contacts in case parents cannot be reached in case of emergency)*

Name: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Name \_\_\_\_\_ Cell phone: \_\_\_\_\_

Allergies and medical information we should be aware of: \_\_\_\_\_

**For Office Use Only** Database \_\_ Book\_\_ Roster\_\_ Messenger\_\_