

Date Received in Office: _____



St. Joseph Office of Religious Education
335 Center Street
Bristol, CT 06010
860-582-2888
religiouseducation@stjosephbristol.org



"Let the little children come to me, and do not hinder them, for the kingdom of God belongs to such as these."
-Mark 10:13-14

Welcome to the St. Joseph Religious Education Program 2026-2027

(Note that Sunday Mass attendance is highly encouraged.)

For Mass times refer to St. Joseph Church Website: <https://stjosephbristol.org>

Please choose ONE class session for your child:

Wednesdays _____ **Sundays** _____

First Name: _____ **Middles Initial:** _____ **Last Name:** _____

Please fill in legal name as this is used for Sacramental Records. If your child prefers to be called by a nickname, list it here: _____ **Male:** _____ **Female:** _____ **Grade in School:** _____

Contact Information

Please be advised that we'll use this information to reach out to you with important program updates. It is imperative that you provide us with a working email and phone number. If there is a change in this information, please notify us immediately. We kindly ask that you answer calls from 860-582-2888, as these are from the Office of Religious Education and contain important information.

Address: _____

City: _____ **State:** _____ **Zip:** _____

Best Phone Number: _____ **Additional Number:** _____

Email Address: _____

(Please check email regularly for updates and important information.)

Family Information: (Please use legal names, as these are used when completing Sacramental Records.)

Mother's Name: _____ **Cell Number:** _____

Mother's Maiden Name: _____

Father's Name: _____ **Cell Number:** _____

Child lives with both parents _____ **One parent: Father** _____ **Mother** _____

Sacramental Information

(Please note: A copy of your child's Baptismal certificate **must** be on file in the Religious Education Office. If your child needs to be baptized, please notify the Director of Religious Education, Ms. Grace Lutfy by phone or email.)

Date and Place of Birth: _____

Date and Place of Baptism: _____

Date and Place of first Reconciliation: _____

Date and Place of First Communion: _____

Emergency Contacts

Please provide contacts incase parents cannot be reached in an emergency.

Name: _____ Cell #: _____ Relationship: _____

Name: _____ Cell #: _____ Relationship: _____

Additional Information

Member of St. Joseph Parish Yes ____ No ____

Please list allergies and any medical/behavioral information we should be aware of.
(This information will be held in strictest confidence and only shared with your child's teacher to ensure your child's safety and needs are being met to the best of our ability.)

Consent for photos ____ Consent to use photos/videos taken of your child in class for publicity, promotional, or educational purposes ____ Permission for Medical care ____

For Office Use only

Camino ____ Roster ____ DialMyCall ____ Email ____ Faith Formation Level ____ Special Sacramental ____