St. Joseph Catholic Church
1145 South Aspen Road
Pueblo, CO 81006
719-544-1886

KINDERGARTEN - 8th GRADE & CONFIRMATION REGISTRATION 2026/2027

Parish where you are registered at: St. Joseph __ St. Therese ____ Other _________

STUDENT INFORMATION * Please make sure to mark Sacraments that Student still need**

Student's name: ____
DOB _______________Grade _________1st Year Religious Education YES or NO
If NO Where at? ______________
Sacraments NEEDED: - Baptism ______ 1st Holy Communion ______ Reconciliation______
Confirmation 1st yr____2nd yr____
Allergies:

Student's name: ____
DOB _______________Grade _________1st Year Religious Education YES or NO
If NO Where at? ______________
Sacraments NEEDED: - Baptism ______ 1st Holy Communion ______ Reconciliation______
Confirmation 1st yr____2nd yr____
Allergies:

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Sacraments NEEDED: - Baptism ______ 1st Holy Communion ______ Reconciliation______
Confirmation 1st yr____2nd yr____
Allergies:

---OVER---

Students Name _____ School _____ Grade _____
Students Name _____ School _____ Grade _____
Students Name _____ School _____ Grade _____

Family Contact Information (Address, City, Zip Code of the person who receives the mail)

Mother/Guardian: _____

Email address: _____

Cell Phone Number_____

Father/Guardian: _____

Email address: _____

Cell Phone Number: _____

Mailing Address: _____
_____

1. Emergency Contact: _____ Phone #_____

2. Emergency Contact: _____ Phone #_____

I give permission to St. Joseph Parish to use pictures on their website for informational or promotional purposes Yes____ No _____.

REGISTRATION FEE: $40.00 1 CHILD / $60.00 2 CHILDREN / $85.00 for 3 or more
Registration forms must be turned into the office. Please make the checks payable to: St. Joseph Parish. If you have any questions, N call the office at 719-544-1886 .

Please bring registration form to the office or drop in the collection basket.

……..……Office Use Only…….
Date Paid: _____ Check One: Cash: ____ Check #: _____ Card: _____