

Saint Joseph Church

183 Sayles Avenue
Burrillville, RI 02859
www.stjosephri.org



Saint Patrick Church

45 Harrisville Main Street
Burrillville, RI 02830
www.stpatrickri.org

Inter-Parish Office: Telephone: 401-568-2411 Fax: 401-568-2586

FAITH FORMATION REGISTRATION 2020/2021

Please register each child on a separate form

Church of Registration (check one): St. Patrick, Harrisville _____ St. Joseph, Pascoag _____

Child's Name: _____
(First, Middle and Last)

Date of Birth: _____ Religious Education Grade: _____
(Month, Day, Year) (2020/2021) (2019/2020)

Father's Name: _____ Mother's Name: _____
(First and Last) (First and Maiden Name)

Street Address: _____

City/Town: _____ Zip Code: _____

Telephone*: _____ Email*: _____
(Mobile preferred) **mobile and email will be added to Flocknote for group communication*

RECORD OF SACRAMENTS

BAPTISM Date: _____ Place: _____
(Month, Day, Year) (Name of Church, City and State)

1ST COMMUNION Date: _____ Place: _____
(Month, Day, Year) (Name of Church, City and State)

EMERGENCY CONTACT & MEDICAL INFORMATION

Name: _____ Contact Number: _____
(First and Last) (Mobile Preferred)

Please list any allergies (food, medicine, etc.): _____

Please list any other information that will help us assist your child (learning styles, etc.): _____

After completion of this form please return it at your earliest convenience by 1) Mail; 2) Drop it at either rectory; or 3) Place it in the basket prior to any Mass in the envelope labeled "RE". No family/child will be denied due to any financial situation. Please register as soon as possible to assist our staff and volunteers. Thank you!