



# THE CHURCH OF ST PAUL THE APOSTLE

Mother Church of the Paulist Fathers

Religious Education for Children

Term: **2023-2024**

\*Cuota de registro incluida: \_\_\_\_\_

## REGISTRATION FORM

PLEASE COMPLETE CLEARLY

### FAMILY INFORMATION

Family Last Name: \_\_\_\_\_

Date: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Father's Cell: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mother's Cell: \_\_\_\_\_

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

Email address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Emergency contact: \_\_\_\_\_

Home Address: \_\_\_\_\_

Emergency number: \_\_\_\_\_

City State Zip: \_\_\_\_\_

Both Parents are Catholic? Yes / No

### STUDENT #1 INFORMATION

Child Name: \_\_\_\_\_

Catholic? Yes / No

Gender: \_\_\_ Male \_\_\_ Female

Sacrament Details Marque con fechas

Please attach certificate

Date of Birth: \_\_\_\_\_

\_\_\_ Baptism: \_\_\_\_\_

Grade in **sept. 2023**: \_\_\_\_\_

\_\_\_ Reconciliation \_\_\_\_\_

Class: (For office use only): \_\_\_\_\_

\_\_\_ First Communion \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_ Confirmation: \_\_\_\_\_

**Special Needs:** Medical, Learning, Physical, etc.) Please explain condition/s:

Procedure in case the above condition presents an emergency:

Are there any food or drinks your child should not have due to allergies or health concerns?

### Official annotations:

Large blue rectangular area for official annotations.

## STUDENT #2 INFORMATION

Child Name: \_\_\_\_\_

Catholic? Yes / No

Gender: \_\_\_ Male \_\_\_ Female

**Sacrament Details** Marque con fechas.

**Please attach certificate**

Date of Birth: \_\_\_\_\_

\_\_\_ Baptism: \_\_\_\_\_

Grade in **sept. 2023**: \_\_\_\_\_

\_\_\_ Reconciliation \_\_\_\_\_

Class: (For office use only): \_\_\_\_\_

\_\_\_ First Communion \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_ Confirmation: \_\_\_\_\_

**Special Needs:** Medical, Learning, Physical, etc.) Please explain condition/s:

Procedure in case the above condition presents an emergency:

Are there any food or drinks your child should not have due to allergies or health concerns?

## STUDENT #3 INFORMATION

Child Name: \_\_\_\_\_

Catholic? Yes / No

Gender: \_\_\_ Male \_\_\_ Female

**Sacrament Details** Marque con fechas.

**Please attach certificate**

Date of Birth: \_\_\_\_\_

\_\_\_ Baptism: \_\_\_\_\_

Grade in **sept. 2023**: \_\_\_\_\_

\_\_\_ Reconciliation \_\_\_\_\_

Class: (For office use only): \_\_\_\_\_

\_\_\_ First Communion \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_ Confirmation: \_\_\_\_\_

**Special Needs:** Medical, Learning, Physical, etc.) Please explain condition/s:

Procedure in case the above condition presents an emergency:

Are there any food or drinks your child should not have due to allergies or health concerns?

**\*\*\*PLEASE ATTACH A COPY OF YOUR CHILD'S BAPTISM CERTIFICATE. REGISTRATIONS WILL NOT BE ACCEPTED WITHOUT A BAPTISM CERTIFICATE.**

**\*ALL INFORMATION PROVIDED TO THE PARISH WILL BE KEPT STRICTLY CONFIDENTIAL**

### Religious Education Fees per school year 2023-2024

Family with one child in the program \$100

Family with two or more children in the program \$130

For office use

Grade \_\_\_\_\_

Fee enclosed \_\_\_\_\_

\_\_\_ FA requested? (yes or no)

Date: \_\_\_\_\_

Session: \_\_\_\_\_

Check # \_\_\_\_\_