



A ROMAN CATHOLIC COMMUNITY OF FAITH

THE CHURCH OF ST PAUL THE APOSTLE

Mother Church of the Paulist Fathers

Religious Education for Children

Term: 2026-2027

***Registration Fee included: _____**

REGISTRATION FORM

PLEASE PRINT CLEARLY (incomplete forms will not be accepted)

FAMILY INFORMATION

Family Last Name: _____ Date: _____

Father's Name: _____ Father's Cell / Work: _____

Mother's Name: _____ Mother's Cell / Work: _____

Mother's Maiden: _____ Email Address: _____

Home Phone: _____ **Emergency Contact:** _____

Home Address: _____ Emergency Phone: _____

City, ST Postal: _____ Are Both Parents Catholic? Yes / No

STUDENT #1 INFORMATION

Child Name: _____ **Catholic?** Yes / No

Gender: ___ Male ___ Female **Sacrament Details** **Check & Date All Below**

Certificate Attached

Birth Date: _____ ___ Baptism: _____

Grade in **Sept. 2026:** _____ ___ Eucharist: _____

Class: (For office use only): _____ ___ Reconciliation Prep: _____

Home Address: _____ ___ Confirmation: _____

Special Needs: Medical, Learning Disabilities, Physical Disabilities, etc.) Please explain condition:

Procedures to be followed if 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:

STUDENT #2 INFORMATION

Child Name: _____

Catholic? Yes / No

Gender: ___ Male ___ Female

Sacrament Details **Check & Date All Below**
Certificate Attached

Birth Date: _____

___ Baptism: _____

Grade in **Sept 2026:** _____

___ Eucharist: _____

Class: (For office use only) : _____

___ Reconciliation Prep: _____

Home Address: _____

___ Confirmation: _____

Special Needs: Medical, Learning Disabilities, Physical Disabilities, etc.) Please explain condition:

Procedures to be followed if 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 **Check & Date All Below**
Certificate Attached

Birth Date: _____

___ Baptism: _____

Grade in **Sept. 2026:** _____

___ Eucharist: _____

Class: (For office use only) : _____

___ Reconciliation Prep: _____

Home Address: _____

___ Confirmation: _____

Special Needs: Medical, Learning Disabilities, Physical Disabilities, etc) Please explain condition:

Procedures to be followed if 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.**

E-mail: stpaulsreligious@gmail.com

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