

Family Last Name: \_\_\_\_\_ Parish ID # : \_\_\_\_\_ Need to register for parish? \_\_\_\_\_ Today's Date: \_\_\_\_\_

Student (s) live with (please circle): Both Parents Mother Father Guardian (Relationship): \_\_\_\_\_

Home Address: \_\_\_\_\_ Mother's E-Mail Address: \_\_\_\_\_  
 \_\_\_\_\_ Father's E-Mail Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Mother's best phone #: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Father's best phone #: \_\_\_\_\_

**IN CASE OF EMERGENCY**, and in the event parents or legal guardians cannot be reached, please contact:

Name: \_\_\_\_\_ Relationship to child(ren): \_\_\_\_\_

Phone: \_\_\_\_\_ Permitted to release child(ren): YES NO (circle one)

Please  check all that apply below:

- I understand a copy of my child(s) Baptismal Certificate, and all other Sacramental Certificates the student has **already** received, must be on file.
- I am interested in volunteering as a Catechist/Aide (Tuition is FREE) for \_\_\_\_\_ grade(s).
- I have a High Schooler who would like to volunteer with K-8th. Name: \_\_\_\_\_
- I authorize and give \_\_\_\_\_ full consent to photograph my child during parish activities and events. This may be used in the parish bulletin, parish web site or on parish bulletin  boards. **I DO NOT AUTHORIZE** the above photography consent.
- I am enclosing \$75.00 per student for (K-8th) Formation Year Tuition (\$200 Maximum payment/family)**
- I am enclosing, in addition to the program tuition, \$50.00 per student (receiving a sacrament this year) for Sacrament Preparation Tuition.**
- I understand 2 consecutive years of recent faith formation are required before he/she can receive a Sacrament.
- I would like to make a tax deductible donation to sponsor a tuition for those unable to pay through:
  - \_\_\_\_ The tuition for K-8th including Sacramental Preparation. which covers textbooks, resource materials, supplies, retreats and program expenses.
  - \_\_\_\_ A High Schooler to attend retreats/ summer trips. (There is no program tuition expense for High School)**No family will be turned away due to inability to pay.**

**We need to be aware of any special circumstances, custody issues, etc. pertaining to your child(ren). You will be contacted by the Religious Education office to discuss specifics. Please note below:**

\_\_\_\_\_  
 \_\_\_\_\_

Signature of Parent / Guardian \_\_\_\_\_

Print Name: \_\_\_\_\_

<b>Please check all that apply!</b>	
<input type="checkbox"/>	Religious Education (K-5) # _____ x \$ 75.00 = \$ _____
<input type="checkbox"/>	Middle School (6th-8th): # _____ x \$ 75.00 = \$ _____
<input type="checkbox"/>	First Holy Communion: # _____ x \$ 50.00 = \$ _____
<input type="checkbox"/>	Confirmation: # _____ x \$ 50.00 = \$ _____
<b>Total tuition due: \$ _____</b> (\$200 Maximum payment/ family)	
<input type="checkbox"/>	Donation: \$ _____
<b>AMOUNT PAID: \$ _____</b>	
<input type="checkbox"/>	Cash <input type="checkbox"/> Check #: _____

**Students Information (Please Print)**

1. LAST Name \_\_\_\_\_ FIRST Name \_\_\_\_\_

Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age as of 9/01/17: \_\_\_\_ Grade (Fall '17): \_\_\_\_

Gender (*circle one*): Male Female Language: \_\_\_\_\_

School (2017-2018): \_\_\_\_\_

**SACRAMENTS ALREADY RECEIVED BY CHILD:**

Baptism	Yes	No	<b>Copies of Sacramental Certificates already received need to be on file with St. Paul Catholic Church.</b>
First Reconciliation	Yes	No	
First Holy Communion	Yes	No	
Confirmation	Yes	No	

Previous Religious Education Completed: \_\_\_\_\_

Any allergies, medications, medical problems, etc. we should know about?  
\_\_\_\_\_

2. LAST Name \_\_\_\_\_ FIRST Name \_\_\_\_\_

Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age as of 9/01/17: \_\_\_\_ Grade (Fall '17): \_\_\_\_

Gender (*circle one*): Male Female Language: \_\_\_\_\_

School (2017-2018): \_\_\_\_\_

**SACRAMENTS ALREADY RECEIVED BY CHILD:**

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Any allergies, medications, medical problems, etc. we should know about?  
\_\_\_\_\_

3. LAST Name \_\_\_\_\_ FIRST Name \_\_\_\_\_

Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age as of 9/01/17: \_\_\_\_ Grade (Fall '17): \_\_\_\_

Gender (*circle one*): Male Female Language: \_\_\_\_\_

School (2017-2018): \_\_\_\_\_

**SACRAMENTS ALREADY RECEIVED BY CHILD:**

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First Reconciliation	Yes	No	
First Holy Communion	Yes	No	
Confirmation	Yes	No	

Previous Religious Education Completed: \_\_\_\_\_

Any allergies, medications, medical problems, etc. we should know about?  
\_\_\_\_\_

**Check 1 = 1st choice and 2 = 2nd choice sessions below:**

\_\_\_\_ **Grades K-5 Weekly Options (Check day and time below):**

Sundays 10:15 AM - 11:30 AM \_\_\_\_  
Mondays 4:15 PM - 5:30 PM \_\_\_\_  
Tuesdays 6:00 PM - 7:15 PM \_\_\_\_

\_\_\_\_ **Grades 6-8 Weekly Options (Check day and time below):**

Mondays 5:30 PM - 7:30 PM \_\_\_\_  
Wednesdays 5:30 PM - 7:30 PM \_\_\_\_

\_\_\_\_ **Grades 9-12 The Rock Youth Ministry**

Sundays 6:30 PM - 8:30 PM \_\_\_\_

\_\_\_\_ **RCIA Teens/Youth**

Sundays 4:00 PM - 5:15 PM \_\_\_\_

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*To add more children, please complete an additional registration form.*