

St. Paul the Apostle Religious Education Registration

Family Name _____ Email _____

Father's Name _____ Religion _____ Cell(____) ____ - _____

Mother's Name _____ Religion _____ Cell(____) ____ - _____

Address _____

Father Work(____) ____ - _____ Mother Work (____) ____ - _____ Home (____) ____ - _____

Children live with (circle one): Both Parents / Mother / Father / Step Parent / Other _____

Please Indicate if Parent is: Deceased / Divorced / Remarried / Other _____

***Please submit a Baptismal Certificate for each child that did not attend RE classes @ St. Paul in 2023-24**

Children to be Enrolled:

First Name	Last Name	Grade	School	M/F	DOB
1.					
Baptism Date: (__ / __ / __) or Not yet			Church:		
1 st Communion Date: (__ / __ / __) or Not yet			Church:		
High School Only (circle one): Year I OR Year II OR Confirmation Date: (__ / __ / __) Church:					

First Name	Last Name	Grade	School	M/F	DOB
2.					
Baptism Date: (__ / __ / __) or Not yet			Church:		
1 st Communion Date: (__ / __ / __) or Not yet			Church:		
High School Only (circle one): Year I OR Year II OR Confirmation Date: (__ / __ / __) Church:					

First Name	Last Name	Grade	School	M/F	DOB
3.					
Baptism Date: (__ / __ / __) or Not yet			Church:		
1 st Communion Date: (__ / __ / __) or Not yet			Church:		
High School Only (circle one): Year I OR Year II OR Confirmation Date: (__ / __ / __) Church:					

First Name	Last Name	Grade	School	M/F	DOB
4.					
Baptism Date: (__ / __ / __) or Not yet			Church:		
1 st Communion Date: (__ / __ / __) or Not yet			Church:		
High School Only (circle one): Year I OR Year II OR Confirmation Date: (__ / __ / __) Church:					

Class Schedule

1st-6th: Sunday: 9:00am-10:15am at St. Paul

7th-8th: Sunday: 12:00-1:00-St. Pauls

Confirmation Retreats

✦ Additional retreat fees will be required during the year for high school students in Confirmation classes. Confirmation II students attend a minimum of 2 retreats; all others attend at least 1. The exact amount will be determined as the date of the retreat(s) comes closer.

1st Reconciliation/1st Communion..... # students

These classes are in addition to regular weekly religious education sessions.

The exact dates will be posted on our website once available.

**** Continue on back for Fees & Emergency Contact Information ****

Fees

Classes for 1 Student \$30.00
Classes for 2 Students \$45.00
Classes for 3 or more Students \$60.00 \$_____

mehalovitzg@gmail.com
racine6@q.com

Optional donation to Religious Education Scholarship Fund..... \$_____

Total Due \$_____

I would like to make monthly payments to pay over time.

I would like to apply for scholarship assistance.

Emergency Information

In the event of an emergency, I hereby give permission to transport my child(ren) to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

In the event of an emergency, if you are unable to reach me at the given numbers contact:

Contact's Name _____

Relationship: _____ Phone: _____

Child's Family Doctor: _____ Phone: _____

Parent Name: _____

Parent Signature _____ **Date:** _____

Photography Consent

As parent/guardian, I understand that promotional pictures (individual and group) will be taken during this year. I give permission for my son's/daughter's : _____ picture to be used for promotional materials (newsletter, web page, calendars, power point, etc.) in highlighting the event.

Signature (Parent/Guardian) _____ Date

I do not give permission for my child(ren)s _____ photographs to be used in promotional materials.

Office Use Only

Date Received _____ Payment: Cash/Check# _____ Amount: \$ _____

Registered Parishioners: Yes / No ID# _____ If no, notification sent: _____

Baptismal certificates submitted for new children: Yes/No