

Registration 2015—2016



St. Paul's Church



Head of Household:

Last Name _____
 First Name _____
 Street _____
 City _____
 Home Phone: _____
Cell Phone: _____
 Work Phone: _____
E-Mail: _____

Spouse:

Last Name _____
 First Name _____
 Street _____
 City _____
 Home Phone: _____
Cell Phone: _____
 Work Phone: _____
E-Mail: _____

Emergency Contact Information:

Name _____
 Relationship _____
 Phone _____
 Cell Phone _____
 List allergies or medical conditions of each Child. _____

| Name of Child | M/F | Age | DOB | Grade Fall | School 2015-2016 | Bapt | Comm | Conf |
|---------------|-----|-----|-----|------------|------------------|------|------|------|
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Monday's **Grades 3,4,5,6 4:15 to 5:30** _____ **6 to 7:15** _____

If information needs to be sent to another individual, whom do we send the information to:
 Name _____
 Address _____

Snow Days: There will be no Religious Education if the school calls a snow day or closes early due to weather.

Parent Signature: I give permission for my child/children to attend St. Paul's Religious Education classes during the 2015-2016 registration year. I have received the code of conduct and will take full responsibility to abide by all policies and practices.

Parent's Signature _____ **Fee \$30.00 per family** Cash _____ Check _____