



Faith Formation
Registration

Registration 2017—2018

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.

What Mass do you and your family attend?
 ___4pm, ___7:30am, ___9:00am, ___11:00am

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

Name _____

Address _____

Name of Child	M/F	Age	DOB	Grade Fall	School 2017-2018	Bapt	Comm	Conf
Grades 3,4,5,6 4:15 to 5:30pm _____ or 6 to 7:15pm _____								

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 2017-2018 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 \$35.00 per family Cash _____ Check _____



Building The Kingdom of God Together