



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 \_\_\_\_\_

\_\_\_\_\_

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

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 _____								

**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 \_\_\_\_\_ Online \_\_\_\_\_



Building The Kingdom of God Together