

ST. PAUL CATHOLIC CENTER RELIGIOUS EDUCATION

PLEASE MARK THE PROGRAM(S) THAT YOUR FAMILY WILL ATTEND

2019-2020 Registration Form

Faith Formation w/ Families _____ 9:30 – 10:25 a.m. Most 2 nd & 4 th Sundays Kindergarten - 8th Grade	Faith Formation w/Catechists _____ 9:30 - 10:25 a.m. Most 1 st & 3 rd & 5 th Sundays Kindergarten - 8th Grade	Sacramental Preparation _____ 9:30 – 10:25 a.m. Most 2 nd & 4 th Sundays Any baptized child, typically 2nd grade				
CHILD(REN)S NAME	Date of Birth	Grade Level	Please put dates of Sacraments Received and where for each child			
			Baptism	Communion	Reconciliation	Confirmed
1						
2						
3						
4						
5						

Mother's Name: _____ Address, City & Zip: _____

Day Phone: _____ Evening Phone: _____ Email: _____

Father's Name: _____ Address, City & Zip: _____

Day Phone: _____ Evening Phone: _____ Email: _____

(If addresses are not the same please indicate at which address the child(ren) reside): Mother: Father:

Please describe any learning difficulties, behavioral issues, allergies and/or medical conditions that any of your children listed above may have.

Fee: \$45 for one child, \$15 for each additional child

Date Paid: _____ Check #: _____ Cash: _____ Kiosk Date: _____ Website: _____

Fee Amount = _____ (# of children x \$45.00)

Total Paid _____

Receipt # _____