

# ST. PAUL CATHOLIC CENTER RELIGIOUS EDUCATION

## PLEASE MARK THE PROGRAM(S) THAT YOUR CHILDREN WILL ATTEND

2018-2019 Registration Form

<b>Families Growing In Faith</b> _____ Monthly COOP program with parents 5:30 – 8:00, Fridays. Parents must participate in leadership. <b>1st - 8th Grade</b>		<b>Sunday FFC</b> _____ Weekly 9:30 a.m.- 10:25 a.m. Sunday <b>Kindergarten - 8th Grade</b>		<b>Sacramental Preparation</b> _____ Weekly, 9:30 – 10:25 am Sunday <b>Any baptized child, typically 2<sup>nd</sup> grade</b>		
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, \$20 additional fee for sacramental preparation**

**Date Paid:** \_\_\_\_\_ **Check #:** \_\_\_\_\_ **Cash:** \_\_\_\_\_ **Kiosk Date:** \_\_\_\_\_ **Website:** \_\_\_\_\_

**Fee Amount =** \_\_\_\_\_ **(# of children x \$45.00) + Sacramental Fee** \_\_\_\_\_ **(if applicable) = Total Paid** \_\_\_\_\_

**Receipt #** \_\_\_\_\_