

ST. PAUL CATHOLIC CENTER RELIGIOUS EDUCATION
PLEASE MARK ONE PROGRAM THAT YOUR CHILDREN WILL ATTEND
2016-2017 Registration Form

Families Growing In Faith _____ Monthly program with parents 5:30 - 8:00 pm 1st - 8th Grade		Sunday FFC _____ Weekly 9:30 a.m.- 10:25 a.m. Sunday Preschool (4yrs) - 8th Grade				
CHILD(REN)S NAME	Date of Birth	Grade Level	Put dates of Sacraments Received and where for each child			
			Baptism	Communion	Reconciliation	Confirmed
1						
2						
3						
4						
5						

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

Day Phone: _____ Evening Phone: _____ E-Mail _____

Father's Name: _____ Religion _____ Address, City & Zip: _____
(if different)

(If addresses are not the same please indicate at which address the child(ren) reside):
Mother: _____ **Father:** _____ (If different from above)

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** _____ **WebSite** _____

Fee Amount _____

Sac. Amount _____

Sacraments needed: _____ **Baptism (do not include in fee amounts)**
Please check _____ **First Reconciliation** _____ **First Eucharist**

Total Paid _____

Balance owed _____

Receipt # _____