

St. Paul Church Faith Formation Program
REGISTRATION FORM

TODAY'S DATE: _____

STUDENT'S NAME: _____ M / F: _____ GRADE: _____
(Last) (First) (Middle)

Birthplace: _____ Date of Birth: _____
(City) (State)

Address: _____
(Street) (City) (zip code)

FATHER'S NAME: _____ Religion: _____
(Last) (First) (Middle)

Preferred Phone number: _____ **Receive texts? () YES () NO**

Email*: _____

Address (if different): _____
(Street) (City) (zip code)

MOTHER'S NAME: _____ Religion: _____
(Last) (First) (Middle)

MOTHER'S MAIDEN NAME: _____

Preferred Phone number: _____ **Receive texts? () YES () NO**

Email*: _____

Address (if different): _____
(Street) (City) (zip code)

Does the child reside with both parents? YES _____ NO _____ If NO, name of custodial parent: _____

BAPTISM*:** _____ DATE: _____
(Church) (Address)

FIRST PENANCE: _____ DATE: _____
(Church) (Address)

FIRST COMMUNION: _____ DATE: _____
(Church) (Address)

*****Please provide a copy of student's Baptismal certificate*****

Persons permitted to pick up child from class in addition to parents:

1. Name: _____ Relationship to child: _____

2. Name: _____ Relationship to child: _____

EMERGENCY CONTACT: Name: _____ Phone: _____

PARENT'S SIGNATURE: _____

***Important updated information will be sent to the email provided. If you do NOT read email, please don't list it.**

*Note: On reverse side, please list any physical/emotional problems that should be known for the child's safety.
Please list any physical/emotional problems that should be known for the child's safety:*

Does the child have any allergies to food, medicines, insects, plants? () NO () YES

If YES, Please explain: _____

Does the child have any physical or emotional conditions that should be known for the child's safety? () NO () YES

If YES, Please explain: _____

The above information is correct so far as I know.

Signature: _____ **Date:** _____
(Parent or Guardian)

Please print name: _____

Are you a member of St. Paul Church? () YES () NO

Please add my name to the parish list. () Do you wish to receive envelopes? () YES () NO

I am interested in volunteering to be a Catechist or an Aide: () Catechist ___ grade () Aide ___ grade

Are you interested in learning more about St. Joseph School? () YES () NO

Please **Initial** one choice below

_____ I grant permission for my child(ren) photographs/video to be used for St. Paul Church communications.
No names will be published.

_____ I do **NOT** grant permission for my child(ren) photographs/video to be used by St. Paul Church.

FOR OFFICE USE ONLY

YEAR	GRADE	Received cash (amount)	Received check (amount and ck #)	REGISTRAR

Received copy of Baptismal Certificate: yes () no ()

Checked records at SPC () Date of Baptism: _____

Siblings: _____

Notes: