

St. Paul the Apostle Religious Education Registration

Family Last Name: _____ Home Phone: _____

Father _____ Cell _____ Work _____
Last name First name

Mother: _____ Cell: _____ Work _____
Last name First name

E-mail _____ Emergency Contact _____

Mailing address: _____ Zip _____

Home address (if different) _____ Zip _____

Marital Status: ___Married ___Separated ___Divorced ___re-Married

If separated/divorced, child lives with _____

Parish Information: ___Registered Parishioners ___not registered in any Parish
Registered in another parish (Name of parish) _____

Child _____ (_____) Age _____
First Middle Last known as or nickname

Birth Date: ___/___/___ Gender ___ School attending _____ Grade _____

Attended CCD last year? Y N Where? _____ Grade level _____

Sacraments received: Baptism ___ Reconciliation ___ Holy Communion ___

Special needs: _____

Child _____ (_____) Age _____
First Middle Last known as or nickname

Birth Date: ___/___/___ Gender ___ School attending _____ Grade _____

Attended CCD last year? Y N Where? _____ Grade level _____

Sacraments received: Baptism ___ Reconciliation ___ Holy Communion ___

Special needs: _____

Contribution: child 1 \$25 *No one is refused registration for inability to contribute*
child 2 \$45
child 3 \$55 Contribution: _____

Please attach copy of Baptismal Certificate!