

✠ 2020-2021 St. Paul Faith Formation Program (1st-6th) ✠

Child's Name _____ D.O.B. _____

School _____ Grade (Fall) _____

Mark with a ✓ – Sacraments Received			
Baptism	Reconciliation	Eucharist	Confirmation

Mother's Name _____ Cell _____

Home Phone _____

Father's Name _____ Cell _____

Home Phone _____

Home Address _____

Email Address(es) _____

Emergency Contact (other than parents)

Name _____

Phone _____ Relationship to Child _____

Name(s) of Person(s) Authorized to Take Child from the Facility OTHER than Parent:

Name _____

Phone _____ Relationship _____

In case of accident or serious illness, if the St. Paul Church staff is unable to reach me, I hereby authorize the Church staff to call 911 or the physician indicated below and to follow his/her instruction. If it impossible to contact the physician, the Church staff may make whatever arrangements deemed necessary.

Physicians Name _____ Phone _____

Allergies and/or Activity Restrictions: _____

List and Describe any special needs required for your child: _____

I confirm the above information is correct:

Parent/Guardian Signature _____ **Date** _____

PREFERENCE FOR INSTRUCTION
(check one)

Option 1: In Class Lesson

Option 2: Take Home Folder

Please attend Parent Meeting August 30th at 8:30 AM at the SPCC for further information

FOR OFFICE USE ONLY

Fee: \$30 per child

Number of Children Registered _____

Date: _____ Amt Paid: _____

Balance: _____ ck # _____

Taken By: _____ Cash

Date: _____ Amt Paid: _____

Balance: _____ ck # _____

Taken By: _____ Cash

FOR OFFICE USE ONLY

Baptism: __ Register Entry: Vol. _____ Pg. _____ No. _____

__ Index __ Chancery Card __ Certificate Made

First Eucharist: __ Register Entry: Vol. _____ Pg. _____

No. _____ __ Index

Sacrament Celebration Date: _____