

St. Paul the Apostle Catholic Church



Registration Form

FAMILY CONTACT INFORMATION

FAMILY NAME: _____ EMERGENCY PHONE: (____) _____

Home Address: _____

Home Phone: (____) _____

Father's Name: _____ Cell: (____) _____

Mother's Name: _____ Cell: (____) _____

- Our family *is currently registered* with St. Paul Parish.
- Please register** my family with St. Paul Parish.
- My child *is preparing to receive* Sacrament of FIRST COMMUNION
- My child *is preparing to receive* Sacrament of CONFIRMATION

May we contact you via text messaging? Please provide the following information:

Text # _____

Provider _____
(Verizon, AT&T, Sprint)

Email Address _____

Note: Church text messaging system requires text #, provider, AND email address. Thank you!

Please register the following child(ren) in the Sunday Faith Formation Program:

Name	Grade	School	Date of Birth	Age	Baptized Where?	First Communion Where?
1. _____	_____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____	_____

If child(ren) not baptized at St. Paul Church, please provide a copy of Baptismal Certificate(s).

MEDICAL CONDITIONS/CONCERNS:

Child: _____ Condition: _____
 Child: _____ Condition: _____
 Child: _____ Condition: _____

Photo Permission *I give permission for photos taken of my child(ren) during program activities to be published in the Parish bulletin or news releases to local or diocesan newspapers.*

Parent Signature *Date*

PAID \$ _____ CASH _____ CHECK # _____