

2021 – 2022 K – 8th Religious Education Registration Form

811 E Oliver St. Owosso, MI [48867/989-723-4765](tel:48867989723)/religioused@stpaulowosso.org

Family Information

Mother's Full Name: _____ Mother's Maiden Name: _____

Father's Full Name: _____

Address: _____ City: _____ Zip: _____

Primary Phone: _____ Mother's Cell #: _____ Father's Cell #: _____

Primary Email: _____

In case of an **Emergency** and if a parent/guardian cannot be reached, please contact:

Name: _____ Relationship: _____ Contact #: _____

Note: If your child is receiving a sacrament this year and the Baptism did not take place at either St. Paul or St. Joseph, please attach a copy of your child's Baptismal Certificate to this form.

Child 1:

Child's Name (First-Middle-Last): _____

Date of Birth: _____ City of Birth: _____ Grade Level (Fall 2021): _____

List known allergies and/or medical situations pertinent your child: _____

Is your child baptized: Yes No If yes, name the church of baptism: _____

the sacraments your child is planning to receive: First Reconciliation/Communion Confirmation None

If **Confirmation**, name the Church, City, State of your child's First Communion if other than St. Paul/St. Joseph:

Name of Church: _____ City: _____ State: _____



Child 2:

Child's Name (First-Middle-Last): _____

Date of Birth: _____ City of Birth: _____ Grade Level (Fall 2021): _____

List known allergies and/or medical situations pertinent your child: _____

Is your child baptized: Yes No If yes, name the church of baptism: _____

✓ the sacraments your child is planning to receive: First Reconciliation/Communion Confirmation None

If **Confirmation**, name the Church, City, State of your child's First Communion if other than St. Paul/St. Joseph:

Name of Church: _____ City: _____ State: _____

Child 4

Child's Name (First-Middle-Last): _____

Date of Birth: _____ City of Birth: _____ Grade Level (Fall 2021): _____

List known allergies and/or medical situations pertinent your child: _____

Is your child baptized: Yes No If yes, name the church of baptism: _____

✓ the sacraments your child is planning to receive: First Reconciliation/Communion Confirmation None

If **Confirmation**, name the Church, City, State of your child's First Communion if other than St. Paul/St. Joseph:

Name of Church: _____ City: _____ State: _____

To enroll additional children, use a second form or as many as you need.

I hereby give consent for my child/children listed on this form to participate in the Religious Education program and related activities at the Community of St. Paul & St. Joseph. Furthermore, I hereby (please check one) **Grant** _____ / **Deny** _____ permission for my child/children name and image to be included in publicity releases about parish events in the bulletin and or parish website

Signature: _____

Tuition Information **(Make checks payable to St. Paul Parish)**

\$80.00 for one student
\$160.00 for two students
\$240 for three or more students

For Office Use

Date Received: _____ **CK #** _____ **Cash:** _____

Total Amt. _____