

St. Paul's Parish Religious Education Registration Form (for new students)

(Date of Registration)

CHILD: Last Name _____ First Name _____ Middle Name _____
ADDRESS: Street, Box, or Route Number _____ Development: _____
City _____ State _____ Zip Code _____
Phone _____

BIRTHDATE: _____ **CITY AND STATE OF BIRTH** _____

SCHOOL ATTENDING: _____ **PRESENT GRADE:** _____

SACRAMENTS:	Baptism:	Yes	No	Date _____	Parish _____	City/State _____
	Penance:	Yes	No	Date _____	Parish _____	City/State _____
	Eucharist:	Yes	No	Date _____	Parish _____	City/State _____
	Confirmation:	Yes	No	Date _____	Parish _____	City/State _____

PARENTS:

Father's Name _____ Religion _____ Living ____ Deceased ____
(Last) (First) (Middle)
Address, if different from above _____ Phone _____

Mother's Name _____ Religion _____ Living ____ Deceased ____
(Last) (First) (Middle) (Maiden)
Address, if different from above _____ Phone _____

Marital Status: Married by a Priest ____ Together ____ Separated ____ Divorced ____ Single Parent ____
If divorced: Father remarried: Yes No Mother remarried: Yes No

Special Instructions:

- Complete a form for each child to be enrolled in CCD.
- **If your child was not baptized at or has not received any Sacraments at St. Paul's Church, we must receive a copy of your child's Baptismal Certificate along with this form.**
- Your family must be registered in the Parish.

Office Use Only:

Baptismal Certificate Received ____ Yes ____ No
Payment received for: _____ Tuition, _____ Book Fee,
_____ First Penance, _____ First Eucharist,
_____ Confirmation
Check # _____ Amount _____ Date _____