

**St. Paul the Apostle - Office of Faith Formation**  
**REGISTRATION Form 2021-2022 Grades K – 8**

**PLEASE PRINT**

Family Last Name \_\_\_\_\_ Telephone Number ( ) \_\_\_\_\_

Address \_\_\_\_\_  
 Street Town Zip Code

**E-Mail Address**-(required) \_\_\_\_\_

Emergency contact person \_\_\_\_\_ Telephone Number ( ) \_\_\_\_\_

Student(s) First Name	M/F	Grade in September	Date of Birth	School	Day Preference (if available)	
					Monday	Tuesday

**FATHER'S INFORMATION**

First & Family Name: \_\_\_\_\_  
 Business Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Religion: \_\_\_\_\_

**MOTHER'S INFORMATION**

First / Maiden Name: \_\_\_\_\_  
 Business Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Religion: \_\_\_\_\_

**CONFIDENTIAL INFORMATION**

Please indicate any special needs the teachers should be aware of: (e.g. learning disabilities, allergies, and recent illness, hearing impaired, divorced or recent death in the family)

**REQUIRED FORMS**

\_\_\_\_\_ Copy of Baptismal Certificate (for new registration only)  
 \_\_\_\_\_ Transfer letter from previous Parish indicating completion of Religious Education grade level and Sacraments completed

**PHOTO/VIDEO PERMISSION AND RELEASE FORM**

I hereby grant permission, without reservation, to St Paul the Apostle Church and to those authorized to take photographs and to make recordings of my child/children and to use them in original or modified form in all media now or hereafter known, (including, without limitation, websites, bulletins, newsletters and promotional brochures) with or without name or information, solely for the promotion, public education, and/or fundraising activities of St Paul's. I understand and agree that I am entitled to receive no compensation for the above. I release St. Paul's, its officers, directors, agents, employees, independent contractors, licensees and assignees from all claims that I now have or in the future may have, relating to the above. I further agree that St Paul's will be the sole owner of all tangible and intangible rights in the abovementioned photographs and recordings, with full power of disposition. I am the parent or guardian, and I hereby consent to the foregoing on behalf of the minor(s) and myself.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Tuition:**

Family Fee		\$ 200.00	_____
Communion Fee	(2 <sup>nd</sup> Grade)	\$ 50.00	_____
Confirmation Fee	(8th Grade)	\$ 100.00	_____
	<b>Total</b>		_____

\*\*\*Please note that if you are experiencing financial difficulties contact our office.  
 No child will ever be denied a Religious Education due to financial difficulties.