Family Name	Paul the Apostle Relig	10us E	ducation	Registrati	ion			
Father's Name	Religion		Cell()_				
	Religio							
Father Work()	Mother Work (Home ()	_		
<u>Children live with (circle</u>	e one): Both Parents / Mothe	r / Fathe	r / Step Pare	nt / Other				
Please Indicate if Parent is: Deceased / Divorced / Remarried / Other								
*Please submit a Baptismal Certificate for each child that did not attend RE classes @ St. Paul in2023-24								
	Children to			· <u>I</u> ·	1			
First Name	Last Name	Grade	School		M/F	DOB		
1.	N-1	01 1						
Baptism Date: (/_/)		Church:						
1st Communion Date: (/_		Church:		\ 0\ \ \				
righ School Only(circle one): Year I OR Year II OR Confirm	iation Da	ite: (//) Church:	-			
First Name	Loot Name	0	0.1.1		0.0/5	202		
2.	Last Name	Grade	School		M/F	DOB		
Baptism Date: (//	or Not yet	Church:	1					
1st Communion Date: (/	/) or Not yet	Church:						
	e): Year I OR Year II OR Confirm		ate: / / /	\ Church				
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First Name	Last Name	Grade	School		M/F	DOB		
3.		Grade	School		M/F	DOB		
3. Baptism Date: (//)	or Not yet	Grade Church:	School		M/F	DOB		
3. Baptism Date: (//) 1st Communion Date: (//	or Not yet _/) or Not yet	Church:			M/F	DOB		
3. Baptism Date: (//) 1st Communion Date: (//	or Not yet	Church:		/) Church		DOB		
3. Baptism Date: (/_/) 1st Communion Date: (/_ High School Only(circle one	or Not yet _/) or Not yet •): Year I OR Year II OR Confire	Church: Church: mation D	ate: (<u>/</u>	/) Church		DOB		
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** Continue on back for Fees & Emergency Contact Information**

Fees	
Classes for 1 Student	\$30.00 \$45.00 \$60.00 \$
mehalovitzg@gmail.com	
racine6@q.com	
Optional donation to Religious Education Scholarship Fund	\$
	Total Due \$
I would like to make monthly payments to pay over time. I would like to apply for scholarship assistance.	Att and the second
Emergency Information In the event of an emergency, I hereby give permission to transport my characteristic for emergency medical or surgical treatment. I wish to be advised prior to treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the given in Contact's Name Relationship: Child's Family Doctor: Phone: Phone:	o any further numbers contact:
Parent Name:	
Parent SignatureDate:	
Photography Consent As parent/guardian, I understand that promotional pictures (individual antaken during this year. I give permission for my son's/daughter's: picture to be used for promotional materials (newsletter, web page, calentetc.) in highlighting the event.	ant Miles and the
Signature (Parent/Guardian)	Date
I do not give permission for my child(ren)sto be used in promotional materials.	photographs
Office Use Only	= = =
Date Received Payment: Cash/Check# A	mount: \$
Registered Parishioners: Yes / No ID# If no, notificate Baptismal certificates submitted for new children: Yes/No	ion sent: