

St. Paul the Apostle ~ 2018-2019 Religious Education Registration

Family Name _____ Email _____
 Note: Communications are sent via email (cancellations, updates, etc.) and are no longer mailed home
 Father's Name _____ Religion _____ Cell(____)____ - _____
 Mother's Name _____ Religion _____ Cell(____)____ - _____
 Address _____
 Father Work(____)____ - _____ Mother Work (____)____ - _____ Home (____)____ - _____
Children live with(circle one): Both Parents / Mother / Father / Step Parent / 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 in 2017-2018**

Children to be Enrolled:

First Name	Last Name	Grade	School	M/F	Date of Birth
1.					
Baptism Date: (____ / ____ / ____) or Not yet		Church:			
1 st Communion Date: (____ / ____ / ____) or Not yet		Church:			
High School Only(circle one): Year I OR Year II OR Confirmation Date: (____ / ____ / ____) Church:					

First Name	Last Name	Grade	School	M/F	Date of Birth
2.					
Baptism Date: (____ / ____ / ____) or Not yet		Church:			
1 st Communion Date: (____ / ____ / ____) or Not yet		Church:			
High School Only(circle one): Year I OR Year II OR Confirmation Date: (____ / ____ / ____) Church:					

First Name	Last Name	Grade	School	M/F	Date of Birth
3.					
Baptism Date: (____ / ____ / ____) or Not yet		Church:			
1 st Communion Date: (____ / ____ / ____) or Not yet		Church:			
High School Only(circle one): Year I OR Year II OR Confirmation Date: (____ / ____ / ____) Church:					

First Name	Last Name	Grade	School	M/F	Date of Birth
4.					
Baptism Date: (____ / ____ / ____) or Not yet		Church:			
1 st Communion Date: (____ / ____ / ____) or Not yet		Church:			
High School Only (circle one): Year I OR Year II OR Confirmation Date: (____ / ____ / ____) Church:					

Class Schedule

K-5: Sunday 8:55am-10:15am – St. Paul's
 6-8: Sunday 8:40am– 10:15am – Cedar Ridge Elementary School
 9-12: Sunday 12:00pm-1:30pm – St. Paul's

Confirmation Retreats

★ Additional retreat fees will be required during the year for high school students in Confirmation classes. Confirmation II students attend a minimum of 2 retreats; all others attend at least 1. The exact amount will be determined as the date of the retreat(s) comes closer.

1st Reconciliation/1st Communion..... # students

*Remember, child MUST have been enrolled in & successfully completed religious education classes at the parish or attended Catholic school for the entire 2017-2018 school year to be eligible to prepare for Reconciliation & Communion this year.

These classes are in addition to regular weekly religious education sessions.

The exact dates will be posted on our website once available.

**** Continue on back for Fees & Emergency Contact Information ****

Fees

Classes for 1 Student \$30.00
Classes for 2 Students \$50.00
Classes for 3 or more Students \$70.00 \$_____

Note: If you make a 1 year commitment to volunteer as a teacher or classroom aide for the 2018-2019 school year you can receive ½ off your child(ren)'s tuition!

**Contact Gaylene, Chris, or Gaby
to inquire or volunteer at
gaylene_m@qwestoffice.net
racine_ca@qwestoffice.net
ymstpaul@qwestoffice.net**

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.

Emergency Information

In the event of an emergency, I hereby give permission to transport my child(ren) to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

In the event of an emergency, if you are unable to reach me at the given numbers contact:

Contact's Name _____

Relationship: _____ Phone: _____

Child's Family Doctor: _____ Phone: _____

Parent Name: _____

Parent Signature _____ **Date:** _____

Photography Consent

As parent/guardian, I understand that promotional pictures (individual and group) will be taken during this year. I give permission for my son's/daughter's : _____
picture to be used for promotional materials (newsletter, web page, calendars, power point, etc.) in highlighting the event.

Signature (Parent/Guardian)

Date

- ☐ I do not give permission for my child(ren)s _____ photographs
to be used in promotional materials. Name(s)

Office Use Only

Date Received _____ Payment: Cash/Check# _____ Amount: \$ _____

Registered Parishioners: Yes / No ID# _____ If no, notification sent: _____

Baptismal certificates submitted for new children: Yes/No