

# St. Paul the Apostle 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 2019-2020**

## Children to be Enrolled:

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

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

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

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

### Class Schedule

1<sup>st</sup>-6th: Sunday 8:55am-10:15am – St. Paul'

7-12: 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.

**1<sup>st</sup> Reconciliation/1<sup>st</sup> Communion**..... # students

\*Remember, child MUST have been enrolled in & successfully completed religious education classes at the parish or attended Catholic school for the entire 2020-2021 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 ..... \$25.00  
 Classes for 2 Students ..... \$40.00  
 Classes for 3 or more Students ..... \$55.00 \$\_\_\_\_\_

**Note: If you make a 1 year commitment to volunteer as a teacher or classroom aide for the 2020-2021 school year you can receive 1/2 off your child(ren)'s tuition!**

**Contact Gaylene, Chris, or Gaby  
 to inquire or volunteer at  
[gaylene\\_m@qwestoffice.net](mailto:gaylene_m@qwestoffice.net)  
[racine\\_ca@qwestoffice.net](mailto:racine_ca@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 : \_\_\_\_\_  
Name(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 \_\_\_\_\_ Name(s) \_\_\_\_\_ photographs to be used in promotional materials

**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/N