



St. Paul The Apostle Catholic Church

Religious Education Registration Form

Grades K-8

2021-2022 School Year

Student's Name: _____
Last First Middle

Address: _____
Street City/Zip

Phone# _____ Email _____

Emergency Telephone# _____ Contact _____

School _____ Grade this year _____

Circle Grades attended in Religious Education:

K, 1, 2, 3, 4, 5, 6, 7, 8

Does your child have any allergies or medical conditions we should know about?
_____ If yes, please describe _____

Date of Birth _____ Birthplace: _____
Month / Day/ Year City /State

Church of Baptism _____ Place of Baptism _____
City / State

Church of First Holy Communion _____
Name City/State

Date of First Holy Communion _____ (Month,/Day/ Year)

Father's Name: _____ Mother's Current Name _____

Mother's Last Name at Birth: _____

Parish of residence _____

