



**St. Paul The Apostle Catholic Church**

**Religious Education Registration Form**

**Grades K-8**

**2022-2023 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** \_\_\_\_\_

