



St. Paul The Apostle Catholic Church
Religious Education Registration Form

Grades K-11

2026-2027 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, 9, 10, 11

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 _____
