



2019-2020 PRE-Family Registration

Parish Name: SAINT PAUL THE APOSTLE

FOR OFFICE USE ONLY:	
PD \$ _____	Date Processed _____
Verified Parishioner _____	

RETURN THIS COMPLETED FAMILY REGISTRATION + ALL STUDENT REGISTRATIONS WITH PAYMENT TO PARISH OFFICE:

_____ (Mailing Address)

TUITION

Family Max: 80.00 Schedule: (choose one)

1st Child: 50.00 2nd Child: _____ Option 1:

3rd Child: _____ 4th Child: _____ Option 2:

Sacrament Prep: _____ Option 3:

FAMILY INFORMATION

Circle One: Father/Stepfather/Guardian	Circle One: Mother/Stepmother/Guardian
Last Name: _____	Last Name: _____
First Name: _____	Maiden Name: _____
Best Phone Number: _____	First Name: _____
Religion: _____	Best Phone Number: _____
Language(s) Spoken: _____	Religion: _____
	Language(s) Spoken: _____

Above, please circle which is the first phone number and email address to use.

Marital Status: Married__ Separated __ Divorced __ Widowed __

Address where student resides: _____
(Street)

(City) (State) (Zip Code)

Student Resides with: Both Parents Mother Father Guardian _____
(Name)

Children being enrolled in PRE:

Name/Grade: _____ Name/Grade: _____

Name/Grade: _____ Name/Grade: _____

Name/Grade: _____

I give my permission for my younger students to be picked up by siblings who are in 6th grade or above. Y N
Parish where family is registered: _____

(Church Name) (City, State)

EMERGENCY INFORMATION

Emergency Information: if parent(s) or guardian(s) cannot be reached, please notify the following:

Name: _____ Phone: _____

Address: _____ Relationship: _____

AGREEMENT AND RELEASE

I am enrolling my child(ren) in the _____ Religious Education Program. I understand that as a parent, I am primarily responsible for the on-going religious formation of my child(ren), including regular attendance at Mass, reception of the sacraments, participating in the life of the parish, and ensuring my child(ren) regularly attends religious education classes. I give my permission for this parish and our PRE personnel to photograph or videotape my child(ren) while participating in PRE Activities and understand that these may be published in the church bulletin, website, social-media or in the newspaper. If I do not give my permission for this, I have attached my decline in writing. I give church staff and/or PRE volunteers permission to seek emergency medical treatment for my child(ren) if the need arises while he/she is in their care. Should I opt out of having my child(ren) receive instruction through the Virtus Touching Safety Program for Children, as adopted by our nation's bishops for the protection of our children, I have attached my decline in writing. If there are special custody issues that PRE personnel should be aware of, I have attached the official court document and I agree to advise the PRE program administrators if any custody issues arise during the school year.

Signature: _____ Date: _____

STUDENT INFORMATION

Last Name: _____ First Name: _____ Goes by: _____
Age as of 8/15/17: _____ Date of Birth: _____ Gender: _____
Grade in School for 2017-2018: _____ Name of School: _____

Please circle each grade level of Religious Education the student has completed: (PRE or Catholic School)

3yr 4yr 5yr 1 2 3 4 5 6 7 8

Special Needs or learning differences of which we should be aware to help meet your child’s needs in the classroom (such as ADD, ADHD, Autism, Asperger’s, Dyslexia, Hearing Impairment, Visual Impairment, etc.)

What language is best for communication from the church office: _____

STUDENT HEALTH AND MEDICAL INFORMATION

Student has (please mark all that apply, add others if needed and give pertinent information):

Allergies to: _____

Asthma Diabetes Epilepsy/Seizure Disorder Hay Fever Heart Condition

Frequent or Severe Headaches Stomach Upset

OTHER, Please describe: _____

Medications taken regularly and purpose: _____

Pediatrician Name and Phone Number: _____

INSURANCE INFORMATION (not mandatory but helpful in case of emergency)

Insurance Company: _____ Insurance Phone Number: _____

Insurance Policy #: _____ Group #: _____

Thank You! This information helps us to take the best possible care of your child.

Anything else we should know to best provide care and education for your child: _____

BOTH SIDES MUST BE COMPLETED



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SACRAMENT INFORMATION

Please attach a copy of BOTH SIDES of the Baptism certificate (including notations) if not received at this parish

**Please check box if preparing
to receive in 2020**

Baptism

Date Received: _____
(Month/Day/Year)

Sponsor: _____

Church: _____

Street address: _____

City, State, ZIP, Country _____

First Reconciliation

Grade or Year Received: _____

First Eucharist

Date Received: _____
(Month/Day/Year)

Church: _____

Street address: _____

City, State, ZIP, Country _____

Confirmation

Date Received: _____
(Month/Day/Year)

Sponsor: _____

Church: _____

Street address: _____

City, State, ZIP, Country _____