

**St. Paul's Catholic Church Religious Education**  
**1900 Hwy 72 West, Athens, AL 35611 ♦ (256) 232-4191**  
**2017-2018 Registration Form**

**\*Please Print**

Family Last Name: \_\_\_\_\_

Members of Parish: Y N      If Yes, Envelope No: \_\_\_\_\_ (If not known, Call Church Office)

**\*Fee: \$15.00 per student/\$30.00 per family (After Sept 1<sup>st</sup>, \$20.00 per student/\$40.00 per family)**

**Parent Information**

Father Last Name: \_\_\_\_\_ Father First Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mother Last Name: \_\_\_\_\_ Mother First Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Home Phone: \_\_\_\_\_

**Emergency Contact Information**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship To Student: \_\_\_\_\_

**Student 1 Information**

New Student: Y N

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Gender: M F

Date Of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Baptism: Y N Date: \_\_\_\_\_ Church: \_\_\_\_\_

Reconciliation: Y N Date: \_\_\_\_\_ Church: \_\_\_\_\_

First Communion: Y N Date: \_\_\_\_\_ Church: \_\_\_\_\_

Confirmation: Y N Date: \_\_\_\_\_ Church: \_\_\_\_\_

Notes: \_\_\_\_\_

**\*\*Sacrament certificates must be provided to St Paul's, if the sacrament was performed at another Church**

Official Use Only:

Paid Y N Cash: \_\_\_\_\_ Check: \_\_\_\_\_

Amt: \_\_\_\_\_

Date Received: \_\_\_\_\_

## Student 2 Information

New Student: Y N

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Gender: M F

Date Of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Baptism: Y N Date: \_\_\_\_\_ Church: \_\_\_\_\_

Reconciliation: Y N Date: \_\_\_\_\_ Church: \_\_\_\_\_

First Communion: Y N Date: \_\_\_\_\_ Church: \_\_\_\_\_

Confirmation: Y N Date: \_\_\_\_\_ Church: \_\_\_\_\_

Notes: \_\_\_\_\_

**\*\*Sacrament certificates must be provided to St Paul's, if the sacrament was performed at another Church**

## Student 3 Information

New Student: Y N

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Gender: M F

Date Of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Baptism: Y N Date: \_\_\_\_\_ Church: \_\_\_\_\_

Reconciliation: Y N Date: \_\_\_\_\_ Church: \_\_\_\_\_

First Communion: Y N Date: \_\_\_\_\_ Church: \_\_\_\_\_

Confirmation: Y N Date: \_\_\_\_\_ Church: \_\_\_\_\_

Notes: \_\_\_\_\_

**\*\*Sacrament certificates must be provided to St Paul's, if the sacrament was performed at another Church**

## Student 4 Information

New Student: Y N

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Gender: M F

Date Of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Baptism: Y N Date: \_\_\_\_\_ Church: \_\_\_\_\_

Reconciliation: Y N Date: \_\_\_\_\_ Church: \_\_\_\_\_

First Communion: Y N Date: \_\_\_\_\_ Church: \_\_\_\_\_

Confirmation: Y N Date: \_\_\_\_\_ Church: \_\_\_\_\_

Notes: \_\_\_\_\_

**\*\*Sacrament certificates must be provided to St Paul's, if the sacrament was performed at another Church**