St.Paul Faith Formation Program (PK-8)

Mother's Name _____ Cell_____ Home Phone _____
Father's Name _____ Cell _____ Home Phone _____
Home Address _____
Email Address(es) _____
Emergency Contact (other than parents) _____ Relationship to Child_____
Phone _____

Name(s) of Person(s) Authorized to Take Child from the Facility OTHER than Parent:
Name _____ Relationship _____
ph#_____
In case of accident or serious illness, if the St. Paul Church staff is unable to reach me, I hereby authorize the Church staff to call 911 or the physician indicated below and to follow his/her instruction. If it impossible to contact the physician, the Church staff may make whatever arrangements deemed necessary.
Physicians Name & Phone _____

Allergies and/or Activity Restrictions (include Child's Name): _____
_____

Any special needs required for your child? Put your child's name and describe needs: _____

_____

I confirm the above information is correct:

Parent/Guardian Signature _____Date _____

FOR OFFICE USE ONLY

Fee: PreK- 5th grade $25/ $100 max per family
6th-8th grade $30 each child
Number of Children Registered: _____

Date: _____Amt Paid: _____
Balance: _____ ☐ ck #____
Taken By : _____ ☐ Cash

Date: _____Amt Paid: _____
Balance: _____ ☐ ck #____
Taken By : _____ ☐ Cash

Date: _____Amt Paid: _____
Balance: _____ ☐ ck #____
Taken By : _____ ☐ Cash

Name(s) of Child/Children						Mark **Yes** or **No** – Sacraments Received			
First Name	Middle Initial	Last Name	D. O. B.	School	Grade Fall 2017	Baptism	Reconciliation	Eucharist	Confirmation