

**Basilica of St. Paul
Parish Faith Formation Program
Registration Form 2017-18**

FAMILY NAME: _____

Address: _____

City and Zip _____

Home Phone: _____ Mom's Cell #: _____

Dad's Cell #: _____

E-Mail: _____

Text Messages

Would you like us to send text messages to your cell phone in case of emergencies, class cancellations or important reminders? Please provide the following information if you wish to receive text notifications.

Parent Name: _____ **Cell Phone Number:** (____) _____

Cell Phone Company: _____

Are you registered in St. Paul Parish? _____

Father's Name: _____ Religion: _____

Mother's Name: _____ Religion: _____
(First, Maiden, Married Last Name)

Child lives with: (circle)

Both Parents Mother Father Guardian Grandparents

#1- STUDENT INFORMATION

Child's Name: _____

School currently attending: _____ Gr: _____

My child has **received** the following sacraments: (please ✓)

_____ Baptism _____ 1st Penance _____ 1st Communion _____ Confirmation

Place of Baptism: _____
(Church, City, State or County)

Please provide a copy of your child's Baptism Certificate

Any pertinent Medical information or conditions: _____

TUITION: 1 child: \$35 2 children: \$60 3 children: \$75
If the fee is a hardship, please speak w/ Mrs. Smith. No child is turned away.

PLEASE COMPLETE BOTH SIDES

office use:
Reg _____
Paid _____

Sac _____

#2 -STUDENT INFORMATION

Child's Name: _____

School currently attending: _____ Gr: _____

My child has **received** the following sacraments: (please ✓)

_____ Baptism _____ 1st Penance _____ 1st Communion _____ Confirmation

Place of Baptism: _____
(Church, City, State)

Please provide a copy of your child's Baptism Certificate

Any pertinent Medical information or conditions: _____

Permission to treat:

As a parent or legal guardian, I authorize the treatment of my minor child(ren) by a Doctor in the event of a medical emergency. This consent is granted only after a reasonable effort has been made to reach me.

Emergency Contact Information

Persons Authorized to care for child in the event parent cannot be reached. (Please place in order of contact desired):

1st Contact Name: _____ Phone: _____

2nd Contact Name: _____ Phone: _____

3rd Contact Name: _____ Phone: _____

Please note that for the safety of our students all individuals picking up a student must be on the contact list and may be required to show some form of identification.

PHOTOGRAPHY - WAIVER, AND RELEASE

From time to time the parish will use photos from PREP for various parish publications or the parish website. I grant permission to publish my child/ren photograph in Parish publications. No names or personal information will ever be posted. The full photo release form is available online at basilicaofsaintpaul.org under forms. I understand that unless sent in writing I agree to the photo release.



PLEASE SIGN BELOW



Parent/ Guardian Signature

Date