

St. Paul Sunday School

Registration

Family Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(House #, Street Name, City, State, Zip Code)



|  |  |  |
| --- | --- | --- |
| Child’s Name | Date of Birth | Baptism (Date and Church) |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Parents Information

|  |  |
| --- | --- |
| **Mothers Information** | **Fathers Information** |
| First Name Maiden Name  | First Name  |
| Middle Name  | Middle Name  |
| Last Name  | Last Name  |
| Cell Phone  | Cell Phone  |
| Email | Email  |
| Religion  | Religion  |

Pick-up information (Only Adults are allowed to drop off/pick-up; No siblings)

|  |  |
| --- | --- |
| People Authorized for Regular Pick Up  | People Authorized for Emergency Pick Up  |
|  |  |
|  |  |
|  |  |

In Case of Emergency:

Physician \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hospital \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*For 2019-2020 school year, tuition is $40 per family. \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

IF APPLICABLE: Separated \_\_\_\_ Divorced \_\_\_\_\_ Remarried \_\_\_\_\_\_

If you mark “yes” to one of the above please answer the following

Which parent has legal custody? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate with whom the child lives \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other biological parent name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Should registration and tuition information be mailed to both parties? \_\_\_\_\_\_\_\_

For Office Use Only  

|  |  |  |  |
| --- | --- | --- | --- |
| **Date Paid**  | **Amount Paid**  | **Check #**  | **Office Initials**  |
|    |  |  |  |