



St. Paul Sunday School
Registration

Family Name _____

Address _____

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

Child's Name	Date of Birth	Current Grade	Baptism (Date and Church)

Parents Information

Mothers Information	Fathers Information
First Name	First Name
Maiden Name	
Middle Name	Middle Name
Last Name	Last Name
Cell Phone	Cell Phone
Email Address	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 Spring 2019 Semester, tuition is \$20 per family. Registration and payment due to the parish office no later than Sunday February 24th****

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? _____

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For Office Use Only

Date Paid	Amount Paid	Check #	Office Initials