Children's Faith Formation (CFF)
Religious Education Classes at ST. PAUL PARISH
2018-19 Registration

You are Registered Parishioners at _____ Church.

Oldest student name _____ Birthdate_____

Name of School _____

Grade in fall of 2018 _____ Allergies/Special needs _____

Baptized? Y N Received First Communion? Y N Confirmed? Y N

Student name _____ Birthdate_____

Name of School _____

Grade in fall of 2018 _____ Allergies/Special needs _____

Baptized? Y N Received First Communion? Y N Confirmed? Y N

Student name _____ Birthdate_____

Name of School _____

Grade in fall of 2018 _____ Allergies/Special needs _____

Baptized? Y N Received First Communion? Y N Confirmed? Y N

Student(s) Home Address _____

Street City Zip

Child(ren) lives with: Mother ___ Father___ Stepmother___ Stepfather___ Grandparent(s)___

First/Last Name(s) of Parents/Guardians_____

Please check preferred phone number(s) for emergencies on Sunday mornings and/or ONE CALLS:

☐ Home phone # _____

☐ _____'s cell phone # _____

☐ Other _____

Email address:_____

Please continue to complete all pages.