



ST. PAUL VI PARISH

Faith Formation Registration

Mother/Guardian 1 Name (First, Last & Maiden) _____

Phone _____ Email _____

Address _____

Relationship to Student _____ Religion _____

Please check all that apply:

- Married in a Catholic Church
- Civil marriage
- Married in a non-Catholic church
- Divorced
- Separated
- Remarried
- Other _____

Father/Guardian 2 Name (First & Last) _____

Phone _____ Email _____

Address _____

Relationship to Student _____ Religion _____

Please check all that apply:

- Married in a Catholic Church
- Civil marriage
- Married in a non-Catholic church
- Divorced
- Separated
- Remarried
- Other _____

Is your family a registered parishioner at St. Paul VI Parish? Yes No

Family is registered at the parish of _____

We would like to become members of St. Paul VI Parish. Yes No

Emergency Contact (CANNOT BE PARENT/GUARDIAN LISTED ABOVE)

Relationship _____ Phone _____

Are there any other adults who can pick up your children? Yes No

If yes, list names and phone numbers

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

My children can be photographed during Faith Formation classes. They may be used in the parish bulletin, website, or social media. Yes No

I have read and understand the St. Paul VI Religious Education Parent/Student Handbook (on the website). Yes No

Signature _____

Office Use Only:

Number of Students _____ x \$225 = \$_____ Sacramental Fees _____ x \$125 = \$_____ TOTAL _____

Paid Details Check Cash Card

Cardholder Name _____

Number _____ Exp date _____ CID _____

Notes _____

Student 1

Name (First & Last) _____

Gender Male Female Age _____ Birthdate _____

Choice of Class: Sundays 9:15-10:45am Tuesdays 5:30-7pm Wednesdays 5:30-7pm

Name of School _____ Grade (in Fall of 2024) _____

Student lives with/at _____

Has the student been baptized? Yes No

Date & Church of Baptism (Name, City & State) _____

Returning St. Paul VI Religious Education Student? Yes No

Was this student enrolled in a Catholic School or RE Program last year? Yes No

 Name of school/parish _____

Last year the student completed in a Catholic School or RE Program _____

Has the student received the Sacrament of First Reconciliation? Yes No

Has the student received the Sacrament of First Communion? Yes No

Has the student completed the 1st year of Confirmation Preparation (grade 7 or later)? Yes No

Allergies _____

Medications _____

Special Considerations _____

Student 2

Name (First & Last) _____

Gender Male Female Age _____ Birthdate _____

Choice of Class: Sundays 9:15-10:45am Tuesdays 5:30-7pm Wednesdays 5:30-7pm

Name of School _____ Grade (in Fall of 2024) _____

Student lives with/at _____

Has the student been baptized? Yes No

Date & Church of Baptism (Name, City & State) _____

Returning St. Paul VI Religious Education Student? Yes No

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Has the student completed the 1st year of Confirmation Preparation (grade 7 or later)? Yes No

Allergies _____

Medications _____

Special Considerations _____

If you have more children you can add more copies of the student pages as needed.