

CATECHESIS REGISTRATION 2020-2021 – Page 1 of 2

PRINT CLEARLY – for > 3 children use 2 forms

CHILD'S LAST NAME: _____

FATHER'S NAME: _____

MOTHER'S NAME: _____

ADDRESS: _____

CITY, ZIP: _____

CELL PHONE (MOM): _____

CELL PHONE (DAD): _____

FATHER'S WORK #: _____

MOTHER'S WORK #: _____

E-MAIL (Prefer only ONE email address):

MOM'S _____

DAD'S _____

Child(ren) primarily live with both parents mom dad other

FOR OFFICE USE ONLY

DATE: _____

CASH/CHECK : _____

AMT OWED: _____

TUITION PAID: _____

SAC FEE PAID: _____

LATE FEE PAID: _____

BALANCE: _____

REG _____ BKD _____ CC _____

FAMILY FILE _____ CHILD FILE _____

1. CHILD'S Formal 1st NAME: _____ MALE FEMALE NEW STUDENT

PROGRAM # _____ ENTERING GRADE _____ SCHOOL ATTENDING: _____

BIRTH DATE: _____ ALLERGY / DISABILITY / MED COND: _____

CHURCH OF BAPTISM: St. Paul of the Cross Other _____ Roman Catholic YES NO

RECEIVED: BAPTISM RECONCILIATION COMMUNION MUTUAL BUDDY: _____

Reg Program Option 1st – 5th Gr **ONE NAME ONLY**

2. CHILD'S Formal 1st NAME: _____ MALE FEMALE NEW STUDENT

PROGRAM # _____ ENTERING GRADE _____ SCHOOL ATTENDING: _____

BIRTH DATE: _____ ALLERGY / DISABILITY / MED COND: _____

CHURCH OF BAPTISM: St. Paul of the Cross Other _____ Roman Catholic YES NO

RECEIVED: BAPTISM RECONCILIATION COMMUNION MUTUAL BUDDY: _____

Reg Program Option 1st – 5th Gr **ONE NAME ONLY**

3. CHILD'S Formal 1st NAME: _____ MALE FEMALE NEW STUDENT

PROGRAM # _____ ENTERING GRADE _____ SCHOOL ATTENDING: _____

BIRTH DATE: _____ ALLERGY / DISABILITY / MED COND: _____

CHURCH OF BAPTISM: St. Paul of the Cross Other _____ Roman Catholic YES NO

RECEIVED: BAPTISM RECONCILIATION COMMUNION MUTUAL BUDDY: _____

Reg Program Option 1st – 5th Gr **ONE NAME ONLY**

**AUTHORIZATION FOR
Emails/Medical Treatment/Photo Use/Guideline Agreement
And Helpful Check List**

- (1) I agree to allow the Office for Catechesis to use the email(s) listed on my Registration Form in order to communicate Program information. Please Note: These emails will **never** be sold nor given to anyone outside of the Parish by the Office for Catechesis.
- (2) As a parent / legal guardian I authorize the treatment of my minor child(ren) by a qualified and licensed medical doctor in the event of a medical emergency which may endanger the child(ren)'s life, cause physical disability or undue discomfort. This consent is granted only after a reasonable effort has been made to reach me and my emergency contact.

Emergency Contact: _____

Relationship: _____

Phone #: _____

- (3) I authorize the release of my child(ren)'s photograph(s) only, taken in context of Catechesis sessions for inclusion solely in the parish bulletin or other parish and/or Catechesis publications and websites.
- (4) I have read all the Registration Information as well as the Guidelines of St. Paul's Catechesis Program (found on the St. Paul Catechesis website or I have requested a hard copy) and agree to abide by them.

Additionally, I understand that at times, if my child is in the Regular Program, Good Shepherd Program or All Abilities they may use parish facilities other than the school.

SIGNATURE OF PARENT OR LEGAL GUARDIAN

DATE

Helpful Check List

- Enclosed, completed Registration Form – with my email provided & program choice
- Enclosed, Tuition payment **check payable** to St. Paul of the Cross & Signed

1 CHILD \$226 ; 2 CHILDREN \$321 ; 3 OR MORE CHILDREN \$405

SACRAMENTAL FEES: GRADE 2 - \$70 GRADE 8 - \$80

- Enclosed, Sacramental Fee for 2nd & 8th Grade students

You may also use our new online payment option for credit cards - please See Tuition, Fees link for info