

**St. Paul Church – Faith Formation**  
**193 Wyckoff Avenue, Ramsey, NJ 07446**  
**201-327-8010**

**Email – [faithformation@stpaulrcchurch.org](mailto:faithformation@stpaulrcchurch.org)**

## **2017/2018 -Registration Form- BULLETIN/WEBSITE**

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

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone (Home) \_\_\_\_\_

E-mail \_\_\_\_\_ @ \_\_\_\_\_ most communication is via email

Emergency Contact Person \_\_\_\_\_ Phone # \_\_\_\_\_

How should mail be addressed \_\_\_\_\_ Mr. & Mrs. \_\_\_\_\_ Mr. \_\_\_\_\_ Ms. \_\_\_\_\_ Mrs. \_\_\_\_\_ (other)

Mail Name if different from Family Name \_\_\_\_\_

Child lives with (circle one) Both Parents Father Mother Other/Guardian \_\_\_\_\_

Father's Name \_\_\_\_\_ Religion \_\_\_\_\_

Work Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Mother's Name & Maiden Name \_\_\_\_\_ Religion \_\_\_\_\_

Work Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

**For Parents: If you are not Catholic or have not completed all the Sacraments, would you be interested in learning more about the Rite of Christian Initiation of Adults (RCIA) \_\_\_ Yes \_\_\_ No**

Child's Physician Name \_\_\_\_\_ Phone # \_\_\_\_\_

**\*Complete the reverse side of this form with child(ren) information. It is important that you inform us of special needs your child(ren) may have or special family circumstances. Special needs may include allergies, medical needs, educational challenges or other needs. Program Offering is \$175/one child, \$275/two children and \$375 for three or more children. Checks payable to St. Paul Church -**

***Adult Volunteer Catechists (teachers) \$75.00 discount per child***

**\*Please include program offering. Attach a baptism certificate for children new to the program  
*First Penance, First Communion and Confirmation enrollment are separate forms and will be distributed at special Parent Meetings Thank you!***

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

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Office Use Only

Program fee received \_\_\_\_\_ Date \_\_\_\_\_ cash or check # \_\_\_\_\_

**Child 1** School Name \_\_\_\_\_  
Full Name \_\_\_\_\_ and grade in 2017/18 \_\_\_\_\_  
Birth date \_\_\_\_\_ Special medical needs &  
other information \_\_\_\_\_

Religious Education Program(Circle one)**Sunday (FAMILY K - 8) Circle Sunday time 8:15 am or 10:15 am**

**Monday Afternoon (Grades 1-4) 4:00pm**

**Monday Evening (Grades 5 - 8) 6:00pm**

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**Child 2** School Name \_\_\_\_\_  
Full Name \_\_\_\_\_ and grade in 2017/18 \_\_\_\_\_  
Birth date \_\_\_\_\_ Special medical needs &  
other information \_\_\_\_\_

Religious Education Program(Circle one)**Sunday (FAMILY K - 8) Circle Sunday time 8:15 am or 10:15 am**

**Monday Afternoon (Grades 1-4) 4:00pm**

**Monday Evening (Grades 5 - 8) 6:00pm**

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**Child 3** School Name \_\_\_\_\_  
Full Name \_\_\_\_\_ and grade in 2017/18 \_\_\_\_\_  
Birth date \_\_\_\_\_ Special medical needs &  
other information \_\_\_\_\_

Religious Education Program(Circle one)**Sunday (FAMILY K - 8) Circle Sunday time 8:15 am or 10:15 am**

**Monday Afternoon (Grades 1-4) 4:00pm**

**Monday Evening (Grades 5 - 8) 6:00pm**

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**Child 4** School Name \_\_\_\_\_  
Full Name \_\_\_\_\_ and grade in 2017/18 \_\_\_\_\_  
Birth date \_\_\_\_\_ Special medical needs &  
other information \_\_\_\_\_

Religious Education Program(Circle one)**Sunday (FAMILY K - 8) Circle Sunday time 8:15 am or 10:15 am**

**Monday Afternoon (Grades 1-4) 4:00pm**

**Monday Evening (Grades 5 - 8) 6:00pm**

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**Child 5** School Name \_\_\_\_\_  
Full Name \_\_\_\_\_ and grade in 2017/18 \_\_\_\_\_  
Birth date \_\_\_\_\_ Special medical needs &  
other information \_\_\_\_\_

Religious Education Program(Circle one)**Sunday (FAMILY K - 8) Circle Sunday time 8:15 am or 10:15 am**

**Monday Afternoon (Grades 1-4) 4:00pm**

**Monday Evening (Grades 5 - 8) 6:00pm**