

Church of St. Paul – Faith Formation  
193 Wyckoff Avenue, Ramsey, NJ 07446  
201-327-8010  
Email – faithformation@stpaulrcchurch.org

## 2016/2017 New Registration Website Form

Parishioner No. \_\_\_\_\_

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

Address \_\_\_\_\_

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

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

Emergency Contact Person (not parent) \_\_\_\_\_ Phone # \_\_\_\_\_

How should mail be addressed \_\_\_\_Mr. & Mrs. \_\_\_\_Mr. \_\_\_\_Ms. \_\_\_\_Mrs. \_\_\_\_ (other)

Head of Household/Mail Name if different from Family Name \_\_\_\_\_

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

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

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

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

Cell Phone # \_\_\_\_\_ Work 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. Check payable to Church of St. Paul**

***Registrations will not be accepted before May 2, 2016!***

***\*Please include program offering. Attach a baptism certificate for your child(ren)***

***First Penance, First Communion and Confirmation enrollment are separate forms and will be distributed at special Parent Meetings Thank you!***

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

Office Use Only

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

***Date entered \_\_\_\_\_ Date Posted \_\_\_\_\_***

**Child 1**

Full Name \_\_\_\_\_ School Name \_\_\_\_\_

Grade in 2016/2017 \_\_\_\_\_ Birth date \_\_\_\_\_

Special medical needs & other information \_\_\_\_\_

**Church of Baptism, City,**

**State.** \_\_\_\_\_

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

Weekday Evening (5<sup>th</sup> – 8<sup>th</sup> grade) Weekday Afternoon (1<sup>st</sup> – 4<sup>th</sup>)

**Classes are assigned based on availability of adult volunteer Catechists**

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**Child 2**

Full Name \_\_\_\_\_ School Name \_\_\_\_\_

Grade in 2016/2017 \_\_\_\_\_ Birth date \_\_\_\_\_

Special medical needs & other information \_\_\_\_\_

**Church of Baptism, City,**

**State.** \_\_\_\_\_

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

Weekday Evening (5<sup>th</sup> – 8<sup>th</sup> grade) Weekday Afternoon (1<sup>st</sup> – 4<sup>th</sup>)

**Classes are assigned based on availability of adult volunteer Catechists**

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**Child 3**

Full Name \_\_\_\_\_ School Name \_\_\_\_\_

Grade in 2016/2017 \_\_\_\_\_ Birth date \_\_\_\_\_

Special medical needs & other information \_\_\_\_\_

**Church of Baptism, City,**

**State.** \_\_\_\_\_

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

Weekday Evening (5<sup>th</sup> – 8<sup>th</sup> grade) Weekday Afternoon (1<sup>st</sup> – 4<sup>th</sup>)

**Classes are assigned based on availability of adult volunteer Catechists**

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**Child 4**

Full Name \_\_\_\_\_ School Name \_\_\_\_\_

Grade in 2016/2017 \_\_\_\_\_ Birth date \_\_\_\_\_

Special medical needs & other information \_\_\_\_\_

**Church of Baptism, City,**

**State.** \_\_\_\_\_

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

Weekday Evening (5<sup>th</sup> – 8<sup>th</sup> grade) Weekday Afternoon (1<sup>st</sup> – 4<sup>th</sup>)

**Classes are assigned based on availability of adult volunteer Catechists**