

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

2018/2019 New Registration Form

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)

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. Check payable to St. Paul Church**

***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 _____
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Office Use Only
Program fee received _____ Date _____ cash or check # _____

Date entered _____ Date Posted _____

Child 1 School Name _____
Full Name _____ and grade in 2018/19 _____

Birth date _____ Special medical needs & other information _____

Church of Baptism, City, _____
State. _____

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

Monday Evening 6pm (5th - 8th grade) Monday Afternoon 4pm (1st - 4th)

Child 2 School Name _____
Full Name _____ and grade in 2018/19 _____

Birth date _____ Special medical needs & other information _____

Date and Church of Baptism, City, _____
State. _____

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

Monday Evening 6pm (5th - 8th grade) Monday Afternoon 4pm (1st - 4th)

Child 3 School Name _____
Full Name _____ and grade in 2018/19 _____

Birth date _____ Special medical needs & other information _____

Date and Church of Baptism, City, _____
State. _____

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

Monday Evening 6pm(5th - 8th grade) Monday Afternoon 4pm (1st - 4th)

Child 4 School Name _____
Full Name _____ and grade in 2018/19 _____

Birth date _____ Special medical needs & other information _____

Date and Church of Baptism, City, _____
State. _____

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

Monday Evening 6pm (5th - 8th grade) Monday Afternoon 4pm (1st - 4th)

Child 5 School Name _____
Full Name _____ and grade in 2018/19 _____

Birth date _____ Special medical needs & other information _____

Date and Church of Baptism, City, _____
State. _____

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

Monday Evening 6pm (5th - 8th grade) Monday Afternoon 4pm (1st - 4th)