

Family Religious Education 2026-27

Parent/Guardian Name: _____

Email Address _____

Mailing Address: _____ **Phone#:** _____
(Street or P.O. Box)

(City)

(Zip Code)

Child's Information

First and Last Name _____

Date of Birth _____

Grade Entering _____ School _____

Date of Baptism _____ Church _____ City/State _____

Date of First Communion _____ Church _____ City/State _____

First and Last Name _____

Date of Birth _____

Grade Entering _____ School _____

Date of Baptism _____ Church _____ City/State _____

Date of First Communion _____ Church _____ City/State _____

First and Last Name _____

Date of Birth _____

Grade Entering _____ School _____

Date of Baptism _____ Church _____ City/State _____

Date of First Communion _____ Church _____ City/State _____

Parents
Please Read Carefully and Sign

Your child's teacher would like to have access to cell phone numbers to send out reminders and other class information.

I agree to be included in these text messages _____

Do not include me in these text messages _____

I give permission for my child(ren)_____

to be photographed during church activities for publication in print and on the church website. I understand that my child's name will not be used to identify my child. This permission form will be kept on file in the church office. If I would like to withdraw permission, I may do so at any time.

Parent/Guardian:_____ (printed)

Parent/Guardian:_____ (signature)

By enrolling my family in St. Paul's Religious Education program, I hereby declare that:

1. I intend to support the program's objectives by regularly attending Sunday Mass each week with my child/children, as well as Holy Days of Obligation.
2. I intend to provide regular family prayer experience in the home.
3. I am open to deepening my own understanding of the Gospel message and will try to be an example of Christian living through the service of others.

Signature of Parent (Guardian)

Date

A donation of \$30 per child is requested to help offset the cost of program materials.

Office Use Only:

Date received _____

Amount _____

Cash/Check _____