

**St. Paul's Roman Catholic Church /PREP Parish Religious Education Program
Registration Form**

Date _____

CONTINUING STUDENTS ONLY

Family Name	Primary Phone #	Emergency Phone #	Parent email Address

Name(s) of Child(ren)	Grade Entering	Medical Condition(s) / Allergies

Student(s) live with	Changes in address, phone, or email

NEW STUDENTS ONLY (One form per new student)

(Family must be Registered with the Parish [Parish Registration Form](#))

Students Last Name	First Name, Middle Initial
Address	
Phone Number	Parent's Email Address
Birthdate	Medical Condition(s) / Allergies
School Presently Attending	Grade attending in the Fall
Previous Catholic School or PREP Name*	Last grade attended
Baptism Date**	Parish City / State
First Eucharist Date	Parish City/State
Father's Name	Phone / Address if different from Student
Mother's Name	Phone / Address if different from Student

* If enrolled in a Catholic or PREP program, please provide a copy of report card or letter/email from Parish Diocesan policy: Student must be enrolled and attending classes for 2 years prior to receipt of a Sacrament.

** If not baptized at St. Paul's, must receive a copy of the Baptismal certificate with this form

Office Use ONLY: Baptismal Certificate Received _____: Other Document Received _____