

For Office Use Only**Wednesday Religious Education Class****6:30pm- 7:45pm****Grade** _____**Fees Paid** _____**Check #** _____**Date** _____

Fee \$50.00 per Child

\$100.00 max per family

St. Paul the Apostle Religious Education Enrollment Form**WEDNESDAY****2020-2021**

Student's Full Name _____ Grade _____

Father's Name _____ Mother's Name _____

Address _____ City _____ Zip _____

Student's Nickname _____ Gender: Male _____ Female _____

Phone _____ Phone _____

What School does your child attend? _____

Student's Birthday ____/____/____ Are you registered at St. Paul's? Yes ____ No ____
(Do you receive Sunday envelopes?)

Was your child in Religious Education last year (2019-2020)? Yes ____ No ____

Special Needs/Learning Disabilities? _____

Allergies? _____

Please check the Sacraments your child has received:

Baptism ____ Reconciliation/Confession ____ First Eucharist ____ Confirmation ____

**** Person to Contact in an Emergency if Parents cannot be reached:**

Name _____ Relationship _____ Phone _____

***** Parental Volunteer Information:****I would like to volunteer for one of the following. Please check.**

Vacation Bible School _____ Classroom Team Catechist _____

Substitute _____ Aide _____ Adult Monitors _____

Youth Group _____ Receptions _____ Office helper _____

I have read the policies and agree to uphold, support and share them with my child as a Parent/Guardian of my child and understand I may be called upon to help in the Religious Education Program this year. I will be happy to help out.

Parent/Guardian Signature _____

E-mail Contact _____