

**SAN PABLO CATHOLIC CHURCH
RELIGIOUS EDUCATION PROGRAM**

Please, Print!

Student Name: _____ **Today's Date:** _____

Age: _____ **Birthdate:** _____ **Place of Birth:** (city) _____ (state) _____ (country) _____

September of 2016: _____ **Grade** _____ **School Name** _____

1. New to program: Family registered in Parish? yes ___ no ___ Need registration form? ___

Student Baptized? no ___ yes ___ Date _____

At San Pablo? _____ year? _____

Not at San Pablo. Please attach Baptismal Certificate. Attached? ___ Will deliver? _____

Church _____ City _____ State _____ Country _____

Has student received 1st Reconciliation? yes ___ no? ___ When? ___ Where? _____

Has student received 1st Communion? yes ___ no? ___ When? ___ Where? _____

2. Registration for Sacramental Preparation

Note: Reconciliation & 1st Communion require 2 years of Roman Catholic religious education.

Minimum age: 2nd Grade

Note: Baptismal Certificate required prior to receiving materials.

What (where) parish program did your child attend last year? _____

Do you wish to register your student for Sacramental Preparation? yes ___ no ___

(see below for additional materials fee)

3. Parent/Guardian Information:

Name _____ Relationship _____

Name _____ Relationship _____

Mailing Address _____

Street Address _____

City _____ Zip _____

Phones: Home _____ Work _____

Cell: _____ e-mail _____

Person to Notify in Emergency _____

Phone Number(s) _____

4. How can you help? ___ filing ___ library ___ phone calls ___ just ask!

Program Registration Fee (per Family) \$30.00 until June 1, \$40.00 thereafter

Paid: \$ _____ Date _____ Check# _____ Cash _____

Registration for Sacramental Preparation \$25.00 additional per child:

Paid: \$ _____ Date _____ Check# _____ Cash _____

Hand in to parish office OR place in collection basket during Mass OR email to IslandSun@aol.com.

OR... FAX: 305-743-8192. Thank you!

(office use only) Received by: _____ Date: _____