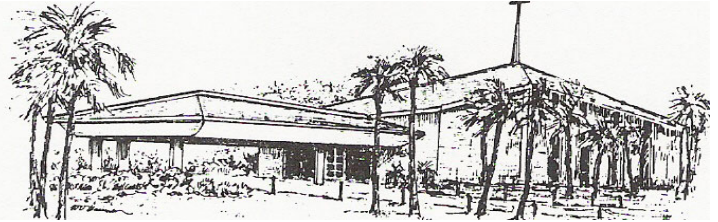


**ST. PAUL OF THE CROSS
CATHOLIC CHURCH**
Founded in 1970



Registration for Confirmation I

CLASSES FOLLOWING THE 5:00PM SUNDAY MASS (approximately 6:15-8:00pm)

Student's Name _____ Home Phone _____

first & last name

Address _____ City _____ Zip _____

FATHER _____
first & last name *religion* *occupation* *daytime phone*

MOTHER _____
first & last name *religion* *occupation* *daytime phone*

Additional telephone number(s) - cellular, pager ,etc. _____

E-mail address _____

Student(s) live with: both parents mother father other: _____

Registered members of St. Paul of The Cross Parish for _____ years.

I am willing to help with the Confirmation Program this year:

- by contributing food or \$ for food on class nights
- as a driver/chaperone for special events

Medical needs/concerns: _____

Name of any above student **in need of** the Sacrament of Baptism: _____

Name of any above student who has **not** received the
Sacrament of Reconciliation: _____ Holy Eucharist: _____

TUITION: Registered Family \$60 one student \$90 two or more

students in same family

Non-registered Family \$75 one student \$100 two or more students in

same family

PAID: _____

date